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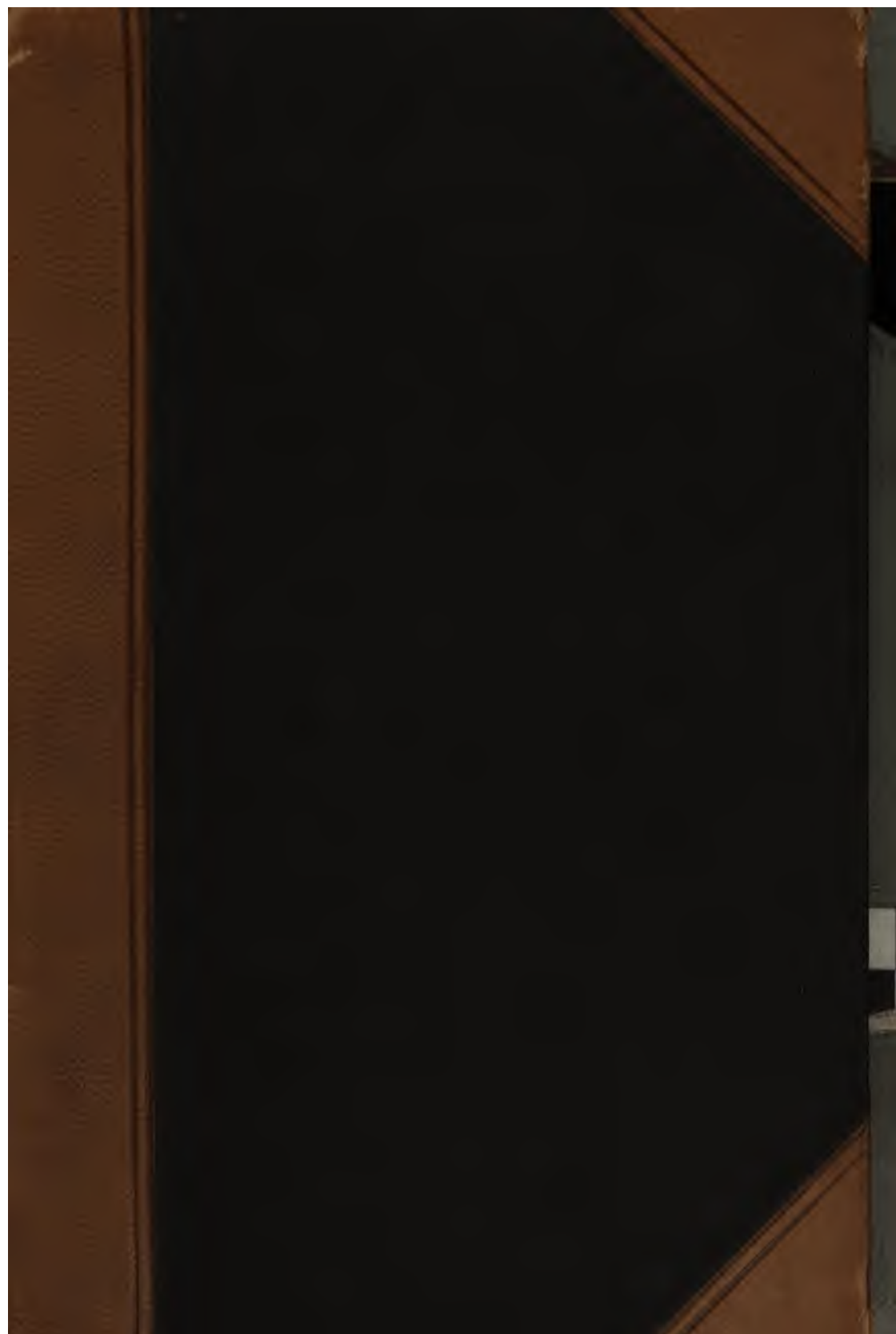
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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

EDITED BY
R. E. DUDGEON, M.D.,
RICHARD HUGHES, L.R.C.P.,
AND
JOHN H. CLARKE, M.D.

VOL. XLI.



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CONTENTS OF No. CLXIII.

	PAGE
THE CHIEF TASK OF HOMŒOPATHY IS THE PERFECTING OF THE MATERIA MEDICA. BY J. DRYSDALE, M.D.	1
THE ACTION OF DRUGS UPON THE EYE. BY DR. HUGHES	9
PROVINGS OF CROTALUS. BY J. W. HAYWARD, M.D.	26

REVIEWS.

ON THE USELESSNESS OF VIVISECTION UPON ANIMALS AS A METHOD OF SCIENTIFIC RESEARCH. BY LAWSON TAIT, F.R.C.S.	35
EXPERIMENTAL PHYSIOLOGY: ITS BENEFITS TO MANKIND. BY RICHARD OWEN, C.B., M.D., F.R.S., &c.	36
THE COWARD SCIENCE: OUR ANSWER TO PROFESSOR OWEN. BY CHARLES ADAMS, "PAID SECRETARY" TO THE VICTORIA STREET SOCIETY FOR THE PROTECTION OF ANIMALS FROM VIVISECTION	36
ORTS. BY GEORGE MACDONALD, LL.D.	46
PHTHISIS PULMONALIS OR TUBERCULAR PHTHISIS. BY GERSHOM N. BRIGHAM, M.D.	47
JOURNAL OF CUTANEOUS AND VENEREAL DISEASES. VOL. I, NO. I. EDITED BY HENRY G. PIFFARD, A.M., M.D., AND PRINCE A. MORROW, A.B., M.D.	62
THE AMERICAN HOMŒOPATHIC PHARMACŒPIA. COMPILED AND PUBLISHED BY BOERICKE AND TAFEL, NEW YORK, 1889	62
DR. BURNETT'S ESSAYS	66
TRANSACTIONS OF THE THIRTY-FOURTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY	66
TRANSACTIONS OF THE THIRTY-FIFTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, HELD AT INDIANAPOLIS, INDIANA, JUNE 14TH, 15TH, 16TH, 17TH, 1882	68
TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY. SIXTH ANNUAL MEETING	73
OUR FOREIGN CONTEMPORARIES	76
PATHOGENETIC GLEANINGS	104
CORRESPONDENCE:—Sulphur in Agua, 108.	
OBITUARY.—Dr. Bayes, 110.	
BOOKS RECEIVED, 111.	

CONTENTS OF No. CLXIV.

THE ACTION OF DRUGS UPON THE EYE. BY DR. HUGHES	113
A DEFENCE OF HAHNEMANN'S PHARMACEUTICS	131
SCARLATINA INFECTION: INCIDENTS OF AN EPIDEMIC. BY JOHN H. CLARKE, M.D.	140
A NOTE ON THE PREPARATION OF <i>CÆBO</i> . BY P. PROCTOR, L.R.C.P.	151
AMEKE'S THERAPEUTICS FOUNDED ON HUMAN CHEMISTRY	154

REVIEWS.

BRITISH HOMŒOPATHIC PHARMACŒPIA. THIRD EDITION	166
FAMILY PRACTICE, OR SIMPLE DIRECTIONS IN HOMŒOPATHIC DOMESTIC MEDICINE	189
SUPRA-PUBLIC LITHOTOMY. BY W. TOD HELMUTH, M.D.	189
TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. EIGHTEENTH ANNUAL SESSION	191
INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U.S. ARMY. VOL. II. CHOLECYANIN—DZONDI	193

MISCELLANEOUS.

Poisoning by Arsenious Acid, 195.—Poisoning by Phosphorus, 196.—Poisoning by Belladonna Pilules, 198.—Poisoning by Belladonna, 199.—Poisoning by Eau de Javelle (Hypochlorite of Potassium), 200.—Pilocarpin and Jaborandi in Cataract, 201.—Pilocarpin in the Night Sweats of Phthisis, by Dr. Windelband, 202.—Urticaria from eating Rabbit, 205.—Regular Medicine: Wanted, the Rule, 203.—American Homœopathic Pharmacopœia, 205.—Homœopathy in Tasmania, 205.—Dr. Richardson's Work on Obstetrics, 206.—Modest Merit, 207.

BOOKS RECEIVED, 208.

APPENDIX:—Pathogenetic Record. An Arrangement of the Physiological and Toxicological Effects of Drugs. Collected from Medical and General Literature. By E. W. BERRIDGE, M.D., 1—16.

CONTENTS OF No. CLXV.

	PAGE
THE ACTION OF DRUGS UPON THE EYE. BY DR. HUGHES . . .	209
TWENTY CONSECUTIVE CASES FROM DISPENSARY PRACTICE. BY JOHN H. CLARKE, M.D. . . .	222
TWO CASES OF SCARLATINA MALIGNA (HÆMORRHAGIC) CURED BY <i>CROTALUS</i> . REPORTED BY JOHN W. HAYWARD, M.D. . . .	246

REVIEWS.

NITRO-GLYCERINE AS A REMEDY FOR ANGINA PECTORIS. BY WILLIAM MURRELL, M.D. . . .	250
HOMŒOPATHY IN ITS RELATION TO THE DISEASES OF FEMALES, OR GYNÆCOLOGY. BY THOMAS SKINNER, M.D. SECOND EDITION . . .	258
GELSEMIUM SEMPERVIRENS. A MONOGRAPH BY THE HUGHES MEDICAL CLUB OF MASSACHUSETTS . . .	260
TOWN EGER'S MINERAL WATERS AND THE MINERAL IRON MOOR AT FRANZENSBAD AS REMEDIES USED AFAR FROM THE WATERING-PLACE . . .	261
DE L'ATROPHIE AXIALE DU NERF OPTIQUE. PAR LE DR. DE KUERS-MÆCKER . . .	263
STUDENT'S GUIDE TO THE EXAMINATION OF THE PULSE. BY BYROM BRAMWELL, M.D. SECOND EDITION . . .	263
GLEANINGS, THERAPEUTIC AND PATHOGENETIC . . .	264

MISCELLANEOUS.

The Revision of the Materia Medica, by Dr. Hughes, 301.—Microbiana, 309.—Microbes not the Cause of Disease, 313.—A Homœopathic Dog, 313.—Tincture Triturations, 314.—British Homœopathic Pharmacopœia, 314.

OBITUARY:—Dr. Francis Black, 315.—Charles Hanson, M.D., 318.—Dr. Huber and Dr. Goulon, 318.

Homœopathic Practitioner wanted at Cape Town, 319.

BOOKS RECEIVED, 320.

CONTENTS OF No. CLXVI.

CHOLERA. BY R. E. DUDGEON, M.D. . . .	321
EXPERIMENTAL INVESTIGATIONS INTO THE CAUSES OF DIPHTHERITIS AND THE PRACTICAL LESSONS DEDUCIBLE FROM THESE. AN UNSUCCESSFUL PRIZE ESSAY. BY CARL FRANZ DOMINIK VON VILLERS, M.D. . . .	336
THE BRITISH MEDICAL ASSOCIATION AT LIVERPOOL. BY JOHN H. CLARKE, M.D. . . .	366

REVIEWS.

ON THE NATURE AND PROPAGATION OF ASIATIC CHOLERA. BY W. WAKEFIELD, M.D. . . .	375
THE PROPHYLACTIC POWER OF COPPER IN EPIDEMIC CHOLERA. BY A. DE N. WALKER, M.D. . . .	376
ESSAI SUR LES HÉMATOCÈLES UTERINES INTRA-PÉRITONÉALES. PAR LE DR. M. JOUSSET . . .	377
OUR FOREIGN CONTEMPORARIES . . .	379
GLEANINGS, THERAPEUTIC AND PATHOGENETIC . . .	397

MISCELLANEOUS.

Fortieth Anniversary of the American Institute of Homœopathy, 415.—The Comte de Chambord and his Doctors, 418.—The Calcutta School of Homœopathy, 420.—Virchow in a Scrape, 420.—Prince Bismarck and his Doctors, 421.—Melbourne Homœopathic Hospital, 423.

BOOKS RECEIVED, 424.

INDEX, 425.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE CHIEF TASK OF HOMŒOPATHY IS THE
PERFECTING OF THE MATERIA MEDICA.

By J. DRYSDALE, M.D.

(Read before the Liverpool Homœopathic Society, November 2nd, 1882.)

ALTHOUGH much of our time must unavoidably be consumed in the spreading of the knowledge of the homœopathic principle and in repelling attacks upon us as a body, yet I cannot but feel that a disproportionate part of our time and work has been given to these objects, compared with what has been done for the completion of the *materia medica*. Therefore I think that we cannot do better than direct the attention of our members in Liverpool to that subject, and devote at least one of our meetings to the continuation, as it were, of the discussion on the subject which took place at the Edinburgh Congress in September last.

In the current number of the *British Journal of Homœopathy* it is stated by the editors that "the tendency of men of science in the dominant school is to investigate the physiological properties of drugs, *which has always been a feature in the homœopathic school.*" This seems a rather lukewarm mode of stating the case. We should rather say it was the essential feature of homœopathy practically originated by Hahnemann, and for long the exclusive property of our school; also it was the reasonableness of this prac-

tice which was one of the grounds of the conversion of most of us to Hahnemann's opinions. Nevertheless it is a fact that physiological experiment with drugs has become more common of late years. There is a difference between the homœopath's experiments in this field and those of the others. With us, having a distinct principle making the results directly applicable to therapeutics, the experiments are the essential means of obtaining the data needful to carry out the principle; with others they are carried on for the love of knowledge, distinctive of pure men of science, without regard to any practical application of their discoveries, or certain properties of drugs are incidentally revealed while these are employed in experimenting on the physiological functions of the body in what is improperly called vivisection. From whatever source, and for whatever reason sought, all knowledge of the action of drugs on the healthy body is of essential interest to us, and it ought to be our special province to be the first in the field to collect and incorporate into our materia medica every item of knowledge on this subject as it accrues, and also to revise and perfect our materia medica in accordance with the advance of knowledge. Can we say that this has been done by our body in this country, or even in America, where the workers are so much more numerous? We have, it is true, the excellent compendium of Dr. Hughes and similar American works, and the vast collection of material given in Allen's *Encyclopædia*. But the former, although indispensable from their critical and practical value, do not give the symptomatology in its fulness, while the latter fails in the necessary critical revision, the arrangement, and the therapeutic use. What we require is a complete materia medica, in which all the knowledge of the day on the action of each drug on the healthy and diseased body shall be correctly represented; thus implying that there will be a thorough criticism of every symptom, and if possible none admitted if at all doubtful, likewise that the arrangement shall be such as to afford easy access to the detailed symptoms without destruction of the natural groups in which they originally occurred. Such a work can only be furnished by the

homœopathic school, for the sectarian allopathist is debarred by his prejudices and fear of persecution from making use of the rich store of material contained in the provings of Hahnemann and his disciples, while we welcome information from every quarter in addition to them. And it is a slur upon our reputation that we cannot point to any volume published by us in such a complete form. For our own use we have still to depend on the original provings of Hahnemann, or the above imperfect additions to them, and the practitioner has no access to the great store of new drug actions scattered through scientific journals and allopathic *materia medicas*.

To supply this want the *Hahnemann Materia Medica* was long ago started, but it has failed hitherto to attract workers enough to fill up a volume useful to the practitioner. This is much to be deplored, and it suggests to us one of the causes of the stop to the progress of our school and even the falling off of the numbers of our body in this country. Here, as elsewhere, to cease progress in scientific work proper is not even to stand still, but to go backwards. When I became acquainted with homœopathy about the end of the first generation of homœopaths, it was even then complained that the majority were ready enough to milk the cow of homœopathy, but few took any trouble in the feeding of her. The making new provings and scientific study of the *materia medica* was then languishing. But soon after the spirit of science revived and the splendid series of Austrian re-provings was published. So little has this example been followed in this country that we have not only left the work of re-proving and experiment in the *materia medica* almost untouched, but we have not as yet given all the Austrian re-provings in a complete form to the English public. Nor have we incorporated the vast mass of pharmacological experiment and research already published in purely scientific and in allopathic medical journals. In Germany there is a periodical wholly devoted to experimental pharmacology, from which we have as yet derived no benefit almost.

Lately, however, Dr. Black, who, fortunately for us, has been relieved from the pressing cares of practice, while his

intellectual powers are unimpaired and his judgment matured, has devoted his attention to the *materia medica*, and invites all to join in bringing out a volume of it in the most complete form, containing twelve to fifteen medicines, to be followed, it is hoped, by others till we have a complete work worthy of our privilege as possessing a law of specifics. It is my opinion that by an earnest prosecution of a work like this we shall be doing far more for the true advance of homœopathy than by all the working of societies, schools, and publications in semipopular ephemeral literature that are now boasted of so much as signs of progress. If we had a complete *materia medica*, a complete index to the same as a repertory, and a work such as the contemplated *Therapeutic Repertory*, which would show what our practice really is, little more would be wanted to convert the whole medical profession to homœopathy.

Without further preface I propose to continue the discussion begun in the Edinburgh Congress on the plan of the proposed work.

The following three propositions were agreed to, viz. :—
 (a) "It shall provide a collection of pathogeneses in the way of provings, poisonings, &c., and these shall be corroborated by post-mortem results whenever possible." (b) "It shall provide an interpretation of these pathogeneses by way of commentary on the general and topical action." (d) "It shall furnish clinical confirmations of the general and local operation of each medicine by means of clinical cases or cures." All these, as well as the critical revision of the symptoms, were admitted to be so obviously essential that no further discussion is necessary on them. But proposition c, viz. "It shall provide a *schema* of these pathogeneses on the different organs, with indexes and concordances," elicited a variety of opinions, and met with so much opposition that it was only carried by the casting vote of the chairman. It is, therefore, evidently a question requiring more ample discussion. To begin the same I beg to put forward the following considerations.

In the first place, the question of the concordance may be at once put aside, for although it may be useful for any

one studying the proving for a particular case in practice to be able to find at once the other medicines having the same symptom, yet that advantage is so far superseded by the *Cypher Repertory* which was not in existence when the *Hahn. Mat. Medica* was begun; and as the concordance would add much to the trouble of doing a medicine and somewhat to the cost of printing, it may be omitted. At the same time, if any striking resemblance of the more or less characteristic symptoms to other medicines occurs, that can be noticed in the commentary. There remains, then, only the question of the schema, which I cannot but consider the cardinal point in the arrangement of a medicine, and, in fact, the position taken by any practitioner in discussing the question becomes a kind of test of his own fidelity to homœopathic practice. For he who shows an indifference to the schema or some equivalent mode of easy access to the minute symptomatology of the medicine unwittingly betrays the fact that he is little in the habit of adapting the symptoms to the case in hand, but rather of trusting to clinical and general indications, which might be quite as well learned and used empirically without any reference to the homœopathic principle at all. For example, every homœopathic practitioner prescribes *Aconite* daily, probably several times, on the general indications summed up as inflammatory fever, but how many consult the materia medica before doing so to see how far the minute symptoms correspond to the case in hand, and thus justify the differential diagnosis between it and other medicines for inflammatory fever? Nay, how many have ever in their lives studied the pure symptoms to discover the facts which justified Hahnemann in the pathological induction that *Aconite* was the homœopathic remedy in inflammatory fever of any kind?

The mode of settling the question by voting at a meeting of practitioners who have not specially worked at the matter practically is not a likely one to attain to success. Accordingly, we see that the chief opponents of the schema, viz. Drs. Moore and Nankivell, in their laudable wish to obviate the difficulties and imperfections of the Hahnemannian schema if standing alone, must have had in their mind's

eye a very imperfect picture of the superabundance of minute details, the apparent total want of sequence and connection of the symptoms, and the numberless perplexities which beset one when he endeavours to bring the proving diaries into any kind of coherent arrangement. The only kind of tangible suggestion I can gather from the remarks made by the speakers is that all the proving diaries should simply be printed as they stand, somewhat pruned of redundancies and repetitions; the same should be done with histories of poisonings, and the whole rendered accessible by a complete index.

To judge how far this would suit the wants of the real homœopathic practitioner, let any one take up Watzke's *Colocynth*, which consists simply of the proving diaries describing the symptoms in the natural order of their occurrence, and imagine an index added referring to the individual symptoms by a number. Supposing, then, it was wished to know all the varieties of any symptom of this drug, say giddiness, we should have a list of ten, or twenty, or thirty referring to that number of sentences or paragraphs where giddiness is mentioned scattered up and down the proving. To hunt up all these would be quite impossible for the practitioner. Suppose, then, to obviate all that searching through the pages of the proving, pretty full details of each variety were given in the index, that would be so voluminous as to amount to a complete schema, and involve printing the whole proving over again.

This is, in fact, what has been done in several of the Austrian re-provings, and it is not the worst plan independently of the size and expense of the work. But it has also a drawback in a scientific point of view, for the schema is then made in the old form of a badly-done Hahnemannic one, where the symptoms are torn from their natural group-connection. The practitioner having first to refer to it, soon comes to shirk the trouble of referring to the symptoms in their natural connection scattered up and down in the proving diaries, and falls back on the exclusive use of a badly-made schema. To obviate these difficulties I proposed a combination of the schema and index, the schema,

however, being made up of groups in their natural connection. This, I still think, affords the most feasible mode of meeting the difficulties, although it is not easy in all cases to carry out in practice. Still it is founded on natural laws, for if we prove medicines ourselves, or attentively study the proving diaries of the effects of moderately small doses, we soon see that a great many symptoms appear either quite isolated or in small groups, and independently of these the prover is in perfect health. Such symptoms and small groups there can be no objection to arranging in the Hahnemannian order of the schema and they require no index. Other larger groups can also be arranged in the schema and alluded to by the index and in other departments. Other larger and more narrative groups, again, and poisonings, may require a separate department, and be merely alluded to in the index. Thus we shall have no need of reprinting the proving twice over, and shall be able easily to find all the symptoms and groups in the accustomed order of the Hahnemannian schema.

Dr. Hughes objects to the use of the index, and thinks that natural groups can be broken up so as to avoid the need of it by adding the number of the scattered components at the end of each symptom. This is, however, just an index, and the only question is simply whether it is a better kind. In some cases the index can quite well be so given, but in the majority it would lead us back to the fatal dismemberment of groups which is the present defect of the Hahnemannian schema. I still maintain that single symptoms or small groups which occur alone in a proving are most valuable to stand alone in the schema; there can be no doubt about them being independent. But when once you begin to tamper with natural groups for mere convenience of arrangement, you are in danger of losing the whole meaning of the morbid picture.

In the very example given by Hughes in the proving of *Belladonna* we have part of a group of a poisoning given under delirium, and at the end we are referred to three other symptoms in the schema many pages distant, and what are these? Some trivial accessory, or some parts of the case

which have no pathological connection with the delirium? Not at all, for one is temporary total blindness, the next suppression of urine, the third dry hot skin, with a scarlatina-like rash. In none of these three is there a counter-reference to the first symptom, viz. delirium, and to the last there is an additional reference to a fourth symptom, viz. pulse 170. Surely this group should never have been divided. How is the busy practitioner to find time to piece it together and fifty other such when he studies a case.

No doubt the practical difficulties of arranging the incoherent details of the proving diaries in the above way will still be very great, and I do not believe that any *à priori* plan will ever be found which shall altogether obviate them. So they must just be combated in detail to the best of our ability in each individual case.

One great desideratum is to prune the narrative of much redundancy and repetition, and also to find as far as possible by internal evidence which symptoms really belong to the drug by the confirmation of one prover's symptoms by those of another. Here also no hard-and-fast line can be drawn. On the one hand, Hering seems to lay down the doctrine that all symptoms, from whatever source, should at once be incorporated with the schema, and leave it to time and the clinical experience of the general body of practitioners to distinguish the true from the false, which latter can then be expunged. To allow, as he says, the tares to grow up with the wheat till the time of final trial. Others, such as the American Institute of Homœopathy, forbid its executive committee to publish the reported symptoms of any drug which has had but one prover. If a hard-and-fast line were desirable I would rather side with the latter than the former plan of Hering's. Indeed, I think we cannot well be too scrupulous or severe in refusing doubtful symptoms admission to the schema, and I consider Hering's plan quite impracticable for the verification of symptoms, and worse than useless, as it throws discredit on the true symptoms and damages the proving so much that it becomes valueless till sifted or even re-proved.

Of course I do not mean that single observations should

not be made and published somewhere, but let them remain in our serial literature till a sufficient number are collected to throw light on each other and allow a complete treatise to be possible.

The subject of perfecting the *materia medica* being now before our body in a practical form, I hope that every one of us will make some sacrifice of time and trouble in contributing to that great work. It is much to be regretted that a want of unanimity has so often prevailed among even our small body, and hindered us putting forth our full strength for united work. Even now, since this project has become practical, our forces have been divided by the recent action of the British Homœopathic Society, who have proposed devoting a certain portion of labour and money to an imperfect revision of the *materia medica* on the plan indicated by *Aconitine* in the October number of the *British Journal of Homœopathy*. That plan can be of little or no use to the homœopathic practitioner, and can at most do good by doing part of the work which has to be done in the complete *materia medica* of some future time, for the drugs selected first are not those which are to appear in the first volume alluded to throughout this paper. Would it not be better that the time and money thus spent should be devoted to the preparation of one or two more medicines for this volume?

THE ACTION OF DRUGS UPON THE EYE.

By Dr. HUGHES.

LECTURE II.

RESUMING our study of the action of drugs upon the eye, we begin to-day with the most important member of the group,

Belladonna.

The deadly nightshade and its alkaloid atropia have, as

you know, a wide and varied range of action upon the animal organism. When lecturing upon the drug as a whole, I have shown it to be a depressant of the functional energy of the motor and sensory nerves, while exciting the sympathetic; and also to act as an irritant upon several kinds of tissue, especially the muco-cutaneous and the (grey) nervous. It finds abundant scope for actions of this kind in the visual organs, and, as we shall see, it vigorously exerts them. Let us consider—first, its action upon the pupil; secondly, its inflammatory effects; and, thirdly, the disorder of vision produced by it.

I. The dilatation of the pupils, so regularly and uniformly caused by *Belladonna* and its alkaloid, whether applied locally or taken internally, has long been a subject of great interest. The first question which arises is, Does this mydriasis depend upon the general influence of the drug upon the brain? I think such a position to be untenable, for the following reasons:

First, no fact is better ascertained about *Belladonna* than that it is an irritant to the intra-cranial nervous centres, exciting (while deranging) their functions, and causing them to attract a larger supply of blood than is natural. In a word, it sets up the first stage of inflammation therein. Now, this condition of the brain, when occurring idiopathically, is always accompanied by a *contracted* pupil; and it is not until the stage of exhaustion and effusion sets in that the pupils dilate. If, then, the enlarged pupil of *Belladonna* were a symptom of the state of the brain induced by it, that state should be precisely the opposite of what it really is.

Secondly, Sir R. Christison has put on record a case of poisoning by *Opium* and *Belladonna* conjointly, in which the cerebral symptoms were those of the former, while the pupils were "excessively dilated and not contractile." Here, as the venerable toxicologist observes, the *Opium* "prevented the delirium induced by *Belladonna* in the early stage; while, on the other hand, the *Belladonna* prevented the usual effect of *Opium* on the pupils, and actually produced the opposite action." That is, the cerebral influence

of the *Belladonna* was neutralised and superseded by that of the *Opium*; but its mydriatic power was fully exerted. If, now, the dilated pupil of *Belladonna* were symptomatic of the condition of the brain induced by the drug, we should have in this instance a contradiction of the axiomatic law, *causâ sublatâ tollitur effectus*.

Thirdly, it has been ascertained by experiment that the mydriatic action of *Atropia*, even when exerted through the constitution, is a peripheral one, and independent of the nervous centres. A full account of the observations which establish this view is given by Dr. H. C. Wood.* That it holds good when the drug is locally applied it is easy to believe; and it suffices to say that the effect may be produced after section of the trigeminus and the cervical sympathetic, and even after extirpation of the ciliary ganglion—in frogs after removal of the eye from the body. But Dr. Wood has observed a case in which, from a railway accident, the eye was (as proved by the autopsy) separated from all connection with the nerve-centres; and yet, when *Atropia* was given hypodermically, the pupil dilated.

We must conclude, then, that the dilatation of the pupil induced by *Belladonna* is the result of a local and peripheral action of the drug, and altogether independent of its effect on the central nervous system. An important practical inference follows from this conclusion, viz. that a dilated pupil is no necessary homœopathic indication for the choice of *Belladonna* in cerebral disorder. It would, indeed, generally denote a condition of exhaustion or effusion, to which the drug is quite unsuitable. Mere phenomenal homœopathy would demand its presence to make up the totality of symptoms; but here, as in so many places, physiology enables us to correct the impressions of our senses, and to obtain *similia* which shall be real and not apparent only. On the other hand, when Graves recommended the administration of *Belladonna* in the head affection of fever, when the pupils were contracted, although he thought himself acting upon the old principle of antipathy, his remedy was really homœopathic to the morbid condition present.

* *Treatise on Therapeutics*, 1st ed., p. 218.

I do not, of course, deny that a dilated pupil may be one of a group of symptoms to which *Belladonna* is homœopathic and curative. It is a part of the general influence of the drug on the sympathetic (and perhaps musculo-motor) nervous system, though not of that which it exerts on the brain. Thus, Dr. Harley writes:—"The action of *Belladonna* in febrile diseases is frequently attended with results which are not only unexpected, but exactly the opposite of what is observed in health. Thus it may happen, if we give a dose of *Atropia* to a patient with a pulse of 120 or higher, a dry and hard tongue, and pupils measuring the $\frac{1}{8}$ ", that after ten, twenty, or thirty minutes, when the action of the *Belladonna* is fully developed, the pulse will be decreased, the tongue be moist, and the pupils contracted."*

We have yet to inquire by what means *Belladonna* exerts this local action which we have found it to possess. It has been shown that the pupil may be dilated either by depression of the influence of the third nerve, or by excitement of that of the sympathetic. The old conception of *Belladonna* as a "narcotic," and, later, the ascertained power of *Atropia*, locally applied, to paralyse the accommodatory action of the eye (of which more anon), has made it generally assumed that the mydriasis which occurs under its influence is due to paresis of the oculo-motorius, causing a relaxation of the circular fibres of the iris analogous to that of the sphincters of the rectum and bladder. There are, however, grave objections to this view, as a complete account of the phenomena, the most serious of which is that in complete paralysis of the third nerve (or after section of it in animals), the mydriasis is much less than that which results from *Atropia*, and may be considerably increased by the use of the drug. Dr. Harley, too, aptly points out† the difference between the effects of *Conium* (which undoubtedly paralyzes the oculo-motorius) and those of *Belladonna* on the eye.

* Von Graefe has sometimes observed ephemeral mydriasis as a premonitory symptom of insanity, especially of ambitious monomania.

† *Old Vegetable Neurotics*, p. 233.

This physician, with Wharton Jones,* Benjamin Bell,† Allen Thompson,‡ and (formerly) myself,§ have maintained that the mydriasis of *Atropia* is dependent entirely upon sympathetic excitation. That it does produce this effect generally is shown by the contraction of the arterioles which it induces; and that it exerts the same action upon the eyes is evident from the widely open, staring, and protruded appearance they present under its influence, this group of symptoms concurring with dilatation of the pupils when the sympathetic is galvanised in the neck. Vulpian, moreover, has observed that in poisoning by *Woorara*, as long as galvanisation of the cervical plexus occasions dilatation, however slight, of the pupil, so long *Belladonna* also will determine it. Again, it is evident that (as Dr. Wood justly states) the dilatation produced by the drug is "not merely a passive movement of relaxation, but is active, capable of tearing up inflammatory adhesions, even when of some firmness." I cannot doubt, therefore, that to excitation of the radiating fibres of the iris through the sympathetic the mydriasis of *Belladonna* is largely due. At the same time, as there is good evidence, from the failure of accommodatory power, that the ciliary branches of the third are paralysed under full atropism, relaxation of the circular fibres may also be a factor in the result.

Is the pupil ever contracted under the influence of *Belladonna*, and, if so, what explanation can be given of it? Such a symptom is noted by four of Hahnemann's provers, and by himself (S. 646-8-9 in Allen). Dr. Harley, too, has observed that just before the mydriasis of the drug has set in, the influence of light will cause the pupils to contract more closely than under similar circumstances before the ingestion of the drug. "This contraction has persisted for several minutes, when all at once the pupil has given way and become broadly dilated." Dr. Sharp, who finds that he can induce slight contraction of his own

* *Ophthalmic Medicine and Surgery*.

† *Edin. Med. Journal*, July, 1858.

‡ *Glasgow Med. Journ.*, Jan., 1857.

§ *London Med. Review*, Aug., 1860.

pupils with a one fifth solution of the mother-tincture or *Belladonna*,* and Rossbach and Frölich, who have obtained similar results in animals with very minute quantities of *Atropia* (from about gr. .00005 to .0001),† believe the difference to be a question of dose. I am not prepared to pronounce upon the question; but from what we shall see of the action of *Gelsemium*, I am rather inclined to think that any contraction of the pupil which *Belladonna* can effect is a symptom of commencing hyperæmia, either in the eye itself or in the brain. In the one symptom of this nature supplied by Hahnemann it was associated with rather severe frontal headache (comp. S. 649 and 434 of Allen).

II. The effect of *Belladonna* upon the circulation of the eyes is more closely connected with its cerebral influence. An injected conjunctiva and a glossy brightness of the ocular surface is present in the active congestion of the brain induced by this drug, as it is in the same condition otherwise occurring, and constitutes a valuable indication for its choice in cerebral disorders. But *Belladonna* can also inflame the eye by direct irritation. That *Atropine*, in the minutest doses, is capable of causing conjunctivitis when locally applied is generally known; and Mr. Soelberg Wells states that its continued use may induce vesicular and even true granulations. But the mother-plant itself can produce the same action from within. This was seen to some extent in Hahnemann's provings, as S. 508, 509 and 599 of Allen's pathogenesis show; but it was most strikingly manifested in a case where the porter of the Moorfields Ophthalmic Hospital took by mistake half an ounce of the liquor *Belladonnæ* of the Pharmacopœia.‡ When first seen it was noted that "the palpebræ of the left eye were puffy, and redder than those parts on the right side," and that "the upper left lid was prolapsed as in ptosis." Next day it is noted: "the sight of the right eye had become rather clearer, but that of the left eye more

* *Essays in Medicine*, p. 770.

† *London Med. Record*, i, 786.

‡ See *Med. Times and Gazette*, June 15, 1848.

impaired; the upper lid more tumefied and prolapsed; the conjunctiva more vascular, and raised above the margin of the transparent cornea, which in a few days became opaque; and a small quantity of a puriform fluid had accumulated in the anterior chamber of the eye." "The sight of the left eye," remarks the reporter, "was perfectly natural previous to the accident; and as no mechanical injury had been since done to it, its inflammatory state may be fairly attributed to the virulence of the *Belladonna*."

There is an obvious suggestion here of action extending deeper than the conjunctiva, and we have other evidence of the same kind. No weight, indeed, can be allowed to Allen's 505th symptom, "eyes inflamed, red and blood-shot, *even to the iris*"—as it is one of the counterfeit coins of Houat's mint. But there is a case reported in the *Lancet* for 1844 (i. 251), by a Dr. Williams, in which *Belladonna*, given internally, produced "pain in the eye-balls, intolerance of light, and conjunctival inflammation; these symptoms soon followed by dilated pupils and loss of sight, paralysis of iris and blindness being permanent." More than conjunctivitis and mydriasis seems to have been present here.* Still more certain is the retinal hyperæmia (arterial) induced by the drug. Ophthalmoscopically, it has been seen by Harley and Aldridge;† and many subjective symptoms, as pain at the back of the eyeball, flashes of light before the eyes, photophobia, and some of the derangement of vision present, suggest the same condition.

I am surprised to find Drs. Allen and Norton saying that "the use of this drug in inflammatory affections of the eye is much more limited than is generally supposed." Their own list of its applications of this kind is not very limited, and homœopathic literature teems with instances of its efficacy. Besides the acute aggravations of chronic diseases (as granular ophthalmia) in which they commend

* Dr. Dudgeon (*loc. cit.*) adds, "irregular pupils" and "a white flake in the pupil of the left eye, which is much dilated;" but I know not the source from which he has taken these symptoms.

† *West Riding Asylum Reports*, vol. ii.

it, I have the utmost confidence in it in the severer forms of catarrhal ophthalmia and in the inflammatory varieties of ophthalmia scrofulosa. Sense of burning and dryness of the eyes (which is very marked in its pathogenesis) is characteristic of it here. I have seen it act admirably in two cases of traumatic iritis. Its local use (now generally in the form of a solution of *Atropia* instilled into the eye) in the "rheumatic" and syphilitic forms of this disease is mainly a mechanical expedient for dilating the pupil, and so preventing the formation of adhesions; though it may act also by contracting the blood-vessels and keeping the iris at rest. *Belladonna* is also our prime remedy, as all admit, in acute affections of the fundus. Two well-diagnosed cases of optic neuritis,* and two of retinitis,† are on record in which it proved curative. Drs. Allen and Norton commend it in chronic retinal hyperæmia, "if a red conjunctival line is very marked along the line of fissure of the lids."

A more complex question is the relation of *Belladonna* to glaucoma. It is considered by most observers (though Donders and Stellwag doubt it) that the effect of *Atropia* upon the eye involves diminution of the intra-ocular pressure. It was an obvious conclusion, therefore, that it might be of service in the disease just named, where pressure is so much increased. It had no such effect, however; and not uncommonly, in chronic glaucoma, its employment has been known to cause an acute inflammatory attack, while in one instance cited in Allen's *Appendix* (S. 517) it seems to have developed an acute glaucoma *ab initio*. It has thus fallen into disuse in ordinary practice; but we, upon the homœopathic principle, might advantageously give it internally for these very exacerbations of the disease, and also for the first onset of the acute form, which the late Dr. Anstie says he has seen checked by the subcutaneous injection of a minute dose of *Atropia* in the neighbourhood of the eye.‡ Drs. Allen and Norton say

* Norton, p. 48.

† See *Brit. Jour. of Hom.* xxxi, 382; *Transactions of Amer. Hom. Ophthalm. and Otol. Society*, 1879, p. 76.

‡ *On Neuralgia*, p. 189.

that it has wonderfully relieved the severe pains, when of a throbbing character. Moreover, the fact that glaucoma is often a trigeminal neurosis, of central origin, and liable to complicate neuralgia of that nerve, must be borne in mind. *Belladonna* is an esteemed remedy among us when prosopalgia is accompanied with peripheral hyperæmic manifestations; and here (I think) we have the *rationale* of its influence, and the suggestion of its possible usefulness as a fundamental remedy for some forms of glaucoma.

III. The disturbance of vision induced when *Belladonna* or *Atropia* is locally applied is *far-sightedness*. It is hardly correct to call it either hypermetropia (as Dr. Harley does) or presbyopia (as it is generally styled), for both these names connote substantive alterations in the refracting media of the eye; while all that atropia produces is paralysis of accommodation for near objects. The "near point" of vision (as the shortest distance at which fine print can be read is called) rapidly recedes as the influence of the drug is established, until at last only distant objects (*i. e.* those giving off practically parallel rays) can be distinctly seen. Dr. Harley connects this effect of the drug with its dilatation of the pupil; and I was at one time disposed to follow his view, having regard especially to the fact that by looking through a pin-hole in a card near vision with atropised eyes became again practicable. But this is as readily accounted for by considering that by such a proceeding the rays entering the eyes are made nearly parallel; and there are fatal objections to the iridal theory of accommodation. The mydriasis and the far-sightedness of atropia are by no means coincident; and Mr. Soelberg Wells* has found that if an extremely weak solution of the drug (a grain to eight or ten ounces of water) be applied to the eye, the pupil will dilate without accommodation being affected. There is, moreover, an instance on record in which there was entire absence of the iris; and yet here accommodation was perfect, and atropia paralysed it. We must fall back, therefore, on the now generally accepted doctrine that the circular fibres of the ciliary

* *Diseases of the Eye.*

muscle are the means for effecting those changes (whatever they are) which permit of the vision of divergent rays; and that atropia paralyses them, through the ciliary nerves from the third which supply them. It is probable, moreover, that here also—as in the iris—the drug excites the antagonistic radiating fibres, and that their contraction contributes to the result.

But I cannot follow Pereira in asserting that the impaired vision of *Belladonna* poisoning, from within, “is chiefly or entirely presbyopia.” Weakness and indistinctness of vision have been noted under its influence without any mydriasis being present, and therefore presumably without any paralysis of the accommodation.* I must explain some at least of the “blindness” so often noted from its ingestion† by a direct anæsthetic influence exerted by it upon the retina, analogous to that which it displays at other points of nerve-termination. Whether its occasional curative power in “amaurosis” is due to such an action I cannot say. Symptoms of hyperæmia, with photopsies and chromopsies (such as red sparks, flames, bright spots, lights, &c.), or chromatic appearances of bright objects have generally been present in such cases; and suggest, as they do in the pathogenesis of the drug (where they frequently appear), congestion of the retina.

I have detained you a long time, but not longer than its interest and importance warrant, with the consideration of the ocular relations of *Belladonna*. We now pass to some less important medicines, the first of which is

Calcareo carbonica.

Hahnemann’s pathogenesis of this drug, as given in his *Chronic Diseases*, consists entirely of symptoms observed by him on patients taking it; none relating to the eyes were elicited by Rummel and Schreter, who proved it (in the 30th dilution) with him. One of Koch’s provers of a tincture prepared from precipitated chalk reports some irrita-

* See Hahnemann, *Mat. Medica*, Part iii, S. 545, 546.

† See *Ibid.*, S. 553, 554.

tion of the lids ; and "right eye became much inflamed ; lids glued together " is a symptom occurring in a young man who took the 30th attenuation under Dr. Robinson's superintendence.

We should have from hence but a slight warrant for the large use we make of this remedy in strumous ophthalmia, did we not know how much more important are diathetic than local relationships in many cases of this disease. It is of unquestionable value when the malady occurs in strumous subjects of the lymphatic type, with pale, flabby faces, and pot-bellies, and especially when the cervical glands are enlarged. The eye symptoms themselves may be of almost any kind. The medicine displays such power, however, in interstitial (scrofulous) keratitis, and to clear opacities of the cornea, that a special action on this membrane is suggested, and has lately been confirmed from an independent source. Dr. McDowell, of Baltimore, has recently described* what he calls an "oyster-shucker's corneitis ;" and though he attributes the disease to "a specific toxic element contained in the slime and dirt which coats the oyster shell," I think we may fairly prefer to trace it to emanations from the shell itself.

Drs. Allen and Norton have found *Calcarea* valuable in conjunctivitis trachomatosa, pterygium, and keratitis, caused by working in the wet.

Let me now speak of the common hemp,

Cannabis sativa.

The use which has been made of this drug in affections of the eye has resulted from two symptoms in Hahnemann's pathogenesis, (S. 39) "the cornea becomes opaque, a follicle before the eyes," and (S. 41) "cataract." For the first he himself vouches ; and though here also one would have liked to know the circumstances under which it was supposed to have occurred, that one might judge for oneself of its validity, it cannot but be accepted. It is certain, moreover, that the medicine has some effect in removing corneal

* *New York Med. Record*, xvi, 83.

opacities left behind after strumous ophthalmia. The symptom "cataract" is referred to Neuhold. This author is recording effects of the effluvia of hemp before drying, so that his symptoms are valid enough. Hahnemann's "grauer Staar" represents "suffusiones oculorum" in the original; and there is no doubt that the phrase *may* mean this. Celsus uses it in such sense.* But when we find it occurring in a list of the observed effects of hemp without special mention or warrant, it becomes very unlikely that the author meant to hazard in this manner so strange an assertion as that the herb can cause cataract. We must wait for further information on this head.† No satisfactory clinical verification has been supplied here, as it has in the case of the previously named symptom.

Next, of

Chloral.

The extensive use which has lately been made of this newly-discovered hypnotic has shown it to be possessed of several physiological properties beyond its sedative influence upon the cerebrum. Among these we find a power of irritating the conjunctiva. This membrane is not merely suffused by it, but hot, stiff, swelled, and tender (especially on the lids), and there is sometimes lachrymation.

Dr. Dyce Brown has shown us (as in several other instances) how to turn to account such observations, by giving a series of cases in which symptoms analogous to those which *Chloral* causes have yielded to its influence.‡ Among them are several of catarrhal and phlyctenular ophthalmia, in which the action of the drug (given in grain doses or less) seems to have been all that could be desired.

* *Seventh Book*, vii, 13, 14.

† I have elsewhere cited Milton in illustration of Neuhold's term, where he says of his blind eyes (*Par. Lost*, B. iii, l. 25):

"So thick a drop serene hath quenched their orbs,
Or dim *suffusion* veiled."

But it would seem that by "suffusion" he means opacity of the cornea, as distinguished from the "gutta serena" of cataract.

‡ *Brit. Journ of Hom.*, xxxii, 509.

Dr. E. M. Hale has since stated that in two cases of conjunctivitis in his practice its effect was simply magical.

Clematis

was recommended by Hahnemann as useful "in several kinds of inflammation of the eye." Much burning and redness were developed in its provers (who have been many and thorough); in one the pupil was contracted, and in three the vision was indistinct, as if objects were seen through a gauze or fog. Hirsch recommends *Clematis* in "chronic inflammatory states of the borders of the eyelids, with soreness and swelling of the Meibomian glands, such as we find in young scrofulous subjects;" but the affection of the eyes in which it has done yeoman's service is iritis. Drs. Allen and Norton do not seem to speak from personal experience of it here; but they mention the high praise it has received from many, among whom was my own teacher, Dr. Madden. They consider it indicated where great sensitiveness to cold is present, as is *Mercurius*, to which they reckon it an analogue in point of its action in iritis. I myself have every confidence in it, in both the rheumatic and the syphilitic forms of the disease.*

My next medicine is also one of considerable interest, and no little importance, in relation to the eyes. It is

Conium.

The neurotic action of hemlock, though well known to the ancients, had been almost forgotten in modern times until attention was recalled to it by the case of poisoning reported by Dr. Hughes Bennett in 1845, and the subsequent experiments with *Conia* instituted by Professor Christison. Nor did these, being conducted on animals, reveal the power of the drug upon the ocular muscles, which also Hahnemann's provings on the human body, from the

* "In one case of chronic syphilitic iritis of two months' standing, with deep ciliary injection, slight pain, especially at night, and posterior synechia, a cure followed the use of *Clematis*, for ten days after both homœopathic and allopathic treatment had failed to relieve."—(Norton, p. 70.)

comparatively small doses used, failed to exhibit. It was not until Dr. John Harley combined Hahnemann's subjects with Christison's quantities that these became manifest. He found that, after taking five drachms and a half of the *Succus Conii* of the British Pharmacopœia, if he remained at rest, the effect of the medicine first declared itself in his eyes. "Three quarters of an hour after taking the dose, on raising my eyes from the object on which they had been fixed to a more distant one, the vision was confused, and a feeling of giddiness suddenly came over me. That these symptoms were due to impairment of power in the muscular apparatus employed in the adaptation of the eye, was obvious to me; for, so long as my eyes were fixed on a given object, the giddiness disappeared, and the definition and capacity of vision for the minutest objects was unimpaired. But the instant that I directed the eyes to another object, all was haze and confusion, and I felt giddy; and, in order to recover my vision and dismiss the sense of giddiness, it was necessary to lay hold on some object, as it were, with my eyes, and rest them securely upon it. It was clear to me that the adjusting muscular apparatus of the eye was enfeebled, and its contractions so sluggishly performed that they could no longer keep pace with the more rapid movements of the external muscles of the eyeball." Later, ptosis, both subjective and objective, came on, with dilated pupils. In another place Dr. Harley says:—"After moderate doses, the interference of vision is only such as results in haziness, as if a thin film of transparent vapour were floating between the eye and the object; the effect being identical with that observed on looking through a medium of unequal density, such as the mixture of hot and cold air enveloping a highly-heated stove. It occurs independently of any dilatation of the pupil, and is compatible with good definition for fixed objects. It is due to imperfect adjustment of the refracting media of the eye from partial paralysis of the ciliary branches of the third nerve. It is through these minute branches that the individual first becomes conscious of the effect of hemlock, and if he should be reading at the time, he will suddenly find the occupation

fatiguing, and, very soon afterwards, it may be impossible ; and he will be glad to close the eyes to relieve himself of the symptom. In full doses the depressing influence involves the other branches of the nerve, and the lazy movements of the eyeball, or dull, fixed, and occasionally divergent stare, indicate the partially paralysed condition of the external muscles of the eyeball ; while more or less drooping of the upper lids expresses a similar condition of the levator palpebræ." More rarely, there may be diplopia.

These phenomena imply paralysis of the third nerve, and as no preponderating action of the obliquus inferior or rectus externus muscles is manifest, of the fourth and sixth also. Their production by *Conium* has been confirmed by subsequent observers ; and the ocular vertigo caused has been especially illustrated by Dr. Edward Curtis, who took half a drachm of Squibb's fluid extract, and noted the effects. The effort to adjust the vision, while under its influence, made him so giddy as to induce nausea and threatened vomiting, as in sea-sickness ; but all passed away when the eyes were closed. "Fearing I should vomit, I got up to cross the room to the washstand, but at once the floor seemed to rock and waver, and I staggered against a table ; not being conscious, however, of any real weakness of the legs, it immediately struck me that the uncertainty of step was purely because the eyes were playing false as guides for the feet ; if so, I argued, walking ought to be steadier with the eyes shut than open. Accordingly, after getting the proper bearings, I shut the eyes, and sure enough found at once that I could now walk straight and steady, and, what was more, without any feeling of giddiness : securing a basin I repeated the little experiment on the return trip to the desk, and with precisely the same result,—giddiness, transient nausea, and staggering gait on trying to walk with eyes open, freedom from all trouble with them shut."*

I have quoted these observations at length as they throw so much light upon the meaning of vertigo, the place of vision as a factor in equilibration, and the causation of sea-

* See Allen's *Encyclopædia*, iii, 527.

sickness. I can only point out, however, their bearing upon ocular disorder. *Conium* must be our leading remedy in simple paresis of the muscles, extrinsic and intrinsic, of the eyeball. Here it would vie with *Gelsemium*, whose action seems almost if not quite identical in character with that of our present drug. It should also be useful in muscular asthenopia (a case of which, rapidly cured with it, is reported by Drs. Allen and Norton), and whenever haziness of vision or vertigo is induced by fresh adjustments of the optical focus.

The most frequent use, however, which *Conium* has found in ophthalmic practice, and this in both schools, has been to remove the photophobia of strumous ophthalmia. It is not very obvious how it accomplishes this, either from the antipathic or the homœopathic stand-point; for it is not an anæsthetic, except in toxic quantities, and it has never caused photophobia in the healthy. Yet it removes it, and with it much of the coexisting malady, in strumous ophthalmia, in doses far too minute for any physiological action to be exerted. Drs. Allen and Norton seem to think that it acts upon the cornea, subduing the keratitis which is undoubtedly one of the exciting causes of photophobia. Another tenable view is that it operates (like *Sulphur* and *Calcarea*) by its general anti-scorfulous influence, as displayed in its power of reducing the swollen lymphatic glands which belong to this malady. In this connection an observation of Knorre's is significant. "Several times," he says, "I have observed, after the administration of this remedy, a scabby, moist exanthema come upon the head and face, with disappearance of the photophobia."* All agree that it is when the photophobia has little accompanying inflammation that *Conium* is most effective.

The last medicine of which I shall speak to-day is

Digitalis.

It was noted by several of the English physicians—Lettsom, Withering, Mossman—who in the last century

* See Dudgeon, *loc. cit.*, p. 352.

used the foxglove so largely in phthisis and dropsy, that it had a peculiar effect upon vision. Those under its influence complained that their sight was dim and indistinct ; or that the colouring of objects was altered, so that they seemed blue, yellow or green ; or all things appeared as if covered with snow, and faces assumed a corpse-like whiteness. At another time motes floated before the sight, which on covering and pressing the eyes appeared as sparks ; then flashes and balls of fire were seen, and objects appeared brilliant with a fiery halo round them. If the use of the drug was pushed, blindness might occur, which in one case lasted for a month after omitting it ; the sense of pressure in the eyeballs which accompanied the initial symptoms being exchanged for throbbing pain and sense of fulness and enlargement.

Subsequent experimentation has added some further features to those now mentioned. Purkinje, who proved the aqueous extract and infusion of the leaves upon his own person, saw flickering indented objects before his eyes, which from their shape he called "roses." Lembke describes his *muscæ volitantes* as white spots, stripes, and black rings. Bähr, from the second decimal trituration of *Digitaline*, had his upper half of vision covered by a dark cloud. Brunton, as also Homolle and Quevenne, found the introduction of this alkaloid into the eye cause, four or five hours afterwards, a candle to be surrounded with a prismatic halo ; and from the internal use of the drug saw a large bright spot advancing before him, often showing the same prismatic colours.

These phenomena (all of which you may read in Allen's *Encyclopædia*) are not easy to account for, physiologically ; but, pathologically, they strongly suggest the presence of a similar condition of things to that which obtains in incipient glaucoma. The rainbow-coloured halo round a candle is a well-known and pathognomonic symptom of this morbid change. Another disorder figured in them, and one which may equally be of neurotic origin, is detachment of the retina. "Benefit has been obtained from it," say Drs. Allen and Norton, "in checking the progress of detachment

of the retina, and in relieving some of the troublesome symptoms, as wavering, everything appears green or yellow, &c."

Digitalis also exerts some action upon the conjunctiva. Hahnemann reports "violent inflammation of the eyes" (which is vague), "and inflammation of the Meibomian glands," as resulting from it; and praises it in the latter affection. Several other provers experienced conjunctival hyperæmia; and Purkinje had a phlyctenula on the inner margin of his cornea, with its usual areola of enlarged vessels.

PROVINGS OF CROTALUS.

By J. W. HAYWARD, M.D.

JOHN W. HAYWARD, M.D., æt. 43. Nervo-lymphaticobilious temperament, dark hair and eyes; good health, but has had bronchitis and quinsy.

First proving.—July 24th, 1872. Took in water ten drops of first cent. dil. at 10.40 a.m. At 10.50 my attention was arrested by a sharp downwards-drawing pain on right side of nose near inner canthus; this lasted about a minute, and then gradually changed into a dull bruised pain which lasted for ten minutes, and then passed off gradually. There was at the same time a slight quivering feeling in lower lip near left corner of mouth, lasting half a minute. At 11 there was a continued tearing pain in brain just above root of nose, with a confused muddled feeling; on coughing front part of brain felt a jerk as if it were tender. After this I went out of doors, and was too occupied to notice symptoms.

Returned at 1.15 and took another ten drops. At 1.30 felt quivering in left under eyelid for a few minutes. I now lunched, and did not observe any symptom until when sitting quiet after lunch there was return of the pain and

sensitiveness of the front part of the brain, aggravated by coughing and sneezing. Being called out the proving was interrupted, and was not resumed.

Second proving.—September 17th, 1881. Took five drops of third cent. dil. in water at 10 a.m. Did not notice any effect. At 11 took another five drops and went out of doors; after about quarter of an hour my attention was drawn to my heart by a feeling of soreness as if in the pericardium; this lasted for a few minutes. After another quarter of an hour attention was arrested by a feeling of soreness along cartilages of ribs in epigastrium; this lasted a few minutes. At 1 p.m. took another five drops; did not notice any effect. At 3 took another five drops and went out; nothing peculiar arrested my attention until evening, when I noticed myself yawning constantly, and then my attention was drawn to the fauces by a feeling as if the velum were stiff and too long, and as if the fauces were lined with mucus. At 11 p.m. took another five drops and went to write, and went to bed at 11.45. Slept heavily and dreamed much, and on awaking in the morning felt as if the brain were contracted and lay loose within the skull, and fell about on moving head, and as if it were tender or morbidly sensitive, so that a pulsative headache was felt synchronous with the pulse, as if the brain were somewhat grasped; also a tenderness of the heart on turning to the left side, as if pericardium were morbidly sensitive: these two symptoms continued for half an hour and went off while dressing.

18th.—Breakfasted at 9 a.m. At 10 took ten drops; at 10.10 felt a pressing pain behind left orbit, slightly pulsative. At 11 took another ten drops and went out; at 11.30, whilst driving, attention was arrested by sensation of swelling of velum with feeling of mucus in fauces, and which had to be swallowed down or hawked up, or as if uvula were hanging too low. 12.30.—Constant yawning, also a downward-pulling pain in a small spot in head in right side of vertex; and still the feeling of mucus in fauces with some sore pain about uvula on swallowing, followed shortly by a singing in whole head as after taking chloroform, con-

tinuing for some time and being followed by a full congested feel of whole front part of brain, with torpidity of intellectual faculties or dull confusion in front of brain. 1.30.—Took another ten drops; same symptoms continued. 4 p.m.—Took another ten drops; same symptoms continued, they only disappear during the evening.

19th.—On awaking this morning had much itching of skin all over. 10.0.—Took twenty drops, attention not arrested by any symptoms. 11.0.—Took another twenty drops and went out; all forenoon much yawning and sneezing, and much increase of secretion of watery mucus from nose. 2 p.m.—Took another twenty drops; was very busily occupied, and attention was not drawn by any symptom. 3.30.—Took another twenty drops and went out; all afternoon much yawning and sneezing and catarrhal running from nose, with some stinging about nostrils. 5.0.—Took another twenty drops: sneezing, stinging, and catarrh continued all evening. Went to bed about twelve; about 2 a.m. was waked up by painful neuralgic drawing in fauces, worse on left side about root of tongue, almost producing choking, and not relieved by anything I did; it lasted over quarter of an hour and then disappeared. After three hours more was waked up again with severe drawing pain in right wrist not relieved by rubbing; it lasted ten minutes.

20th.—From unfavourable interruption took no more of the drug; felt, however, out of sorts all day, and weak at the heart, and more easily tired and out of breath than usual, and only regained my usual good health gradually after some days.

Third proving.—June 19th, 1882. Took five drops first decimal in water at 8.45 a.m. Whilst at breakfast at 9.5 attention was arrested by a severe clawing pain in left side of cerebellum, lasting a few minutes. At 9.40, whilst reading, attention was arrested by a pricking and a sensation of constriction in fauces. At 10.0 attention was arrested by a grasping pain at under surface of left frontal lobe of brain over back part of orbital plate for about a minute, followed by a dull, heavy, congested feel of whole front of

brain, lasting several minutes ; this recurred on intellectual exertion shortly afterwards. Was occupied too much during the day to notice symptoms, but during afternoon and evening attention was constantly being drawn to the fact of dimness of vision, especially for distant objects ; could scarcely recognise the faces of friends across the street. During the night had to rise twice to urinate, urine copious and light coloured.

20th.—7.40 a.m.—Took five drops ; shortly afterwards return of the grasping headache at under surface of left frontal lobe, and during the forenoon sneezing and nasal catarrh, with dimness of sight during reading, and as if the letters had a reflection beneath, making them appear double, one line half underneath the other. Afterwards too much occupied to observe symptoms, and proving interrupted.

E. J. H., a married lady, æt. 40. Nervo-lymphatic, black hair and eyes ; has had bronchitis and quinsy, now in good health.

September 20th, 1872.—Took three drops of third cent. dilution every two hours for twenty-four hours, not knowing what she was taking. Shortly after beginning, and for the whole day, she complained of much palpitation and trembling of the heart, and feeling as if heart tumbled about, with heat and itching of palms and flushing of heat throughout whole body. During the night had a sudden attack of sore throat, as if swelling of uvula and velum, with dryness of whole mouth, and next morning the trembling of the heart was worse, and she objected to take any more of the drug. The weak, trembling condition of heart continued for some days.

M. J., a married lady, æt. 50. Nervous temperament, light hair, grey eyes ; delicate, but in usual health.

March 28th, 1874.—Took three drops of third cent. dil. four times a day, and continued same dose for two weeks, under a pretext as a medicine though not complaining. During the time she frequently complained of a feeling of exhaustion at the heart, and sensation as if jumping out or tumbling over with a general weak feeling. She afterwards felt better than usual in her general health.

Dr. STOKES.—S. E. S., a lady of bilious sanguine temperament, unmarried, æt. 35, subject to indigestion.

January 22nd, 1852.—Took a drop of the third dilution morning, midday, and evening. Fulness and pressure in the stomach were relieved by the medicine. Appetite bad all day.

23rd.—No medicine; appetite bad.

24th.—Weight on stomach and chest, breakfast lies heavy all day; standing up fatigues her much; tremulous weakness all over, as if some evil were apprehended; flatulence and eructation. To-day took a dose of four drops, third dilution.

25th.—Stomach sore and tender on rising this morning, tongue *red and sore*, gums *white*, throat *dry*, with *thirst*.

26th.—The above symptoms continue, but in a milder degree; they gradually ceased after the medicine was left off, and she got quite well.

31st.—Took a pilule soaked in the fourth dilution in the evening. In the night she was wakened by a violent burning pain in the hypogaster, going through to the sacrum; burning pain in epigastrium for half an hour, when it ceased after a stool.

February 1st.—Stomach sore and tender, worse after food; urine scanty and red. After this felt very well for four days.

5th.—The soreness returned in the epigastrium, extending upwards under sternum. Pains in stomach after breakfast and dinner.

8th.—Headache and cold feet; the headache is in the vertex, pressive, comes on in the afternoon and lasts till night, for three days. On the fourth day it changed to forenoon, with heat and flushing of face. An attack of diarrhoea now came on, after which the bowels were costive and evacuations hard during a week. Anxious dreams, is drowsy and heavy in the evening, turns about very much in bed, is easily tired by slight exertion; the arms feel benumbed in the morning; the legs *go to sleep* and tingle when sitting; lips and throat dry, without thirst.

25th.—Catamenia a week too soon, free, preceded by

weight in the head and ears, accompanied by pains in the abdomen and back and cold feet. The period *lasts some hours longer than is usual*, and goes off on the 27th with an intense frontal headache, which lasts from ten to one o'clock in the night. She had this night a cramp in the calf of one leg. In the evening a sudden attack of sore throat and bronchial catarrh, which went away on the morning of the 28th and returned at night. During several days there was soreness of chest and cough in the evening.

Remarks.—The throat dryness, the catarrhal symptoms, the pain in the bowels, the premature and free catamenia in a person who had them scanty and with a tendency to retardation, seemed to me to depend clearly on the action of the medicine. These were symptoms very unusual with the prover, who appears to have been very susceptible to the action of *Crotalus*.—*Monthly Homœopathic Review*, vol. iii, p. 160, 1859.

J. V. MARTIN.—In Mure's *Materia Medica*.

First proving.—Took one dose [it was Mure's rule to exhibit only one dose, v., p. 66, l. 25] of first or second trituration [v., p. 23, l. 11—16] of venom of *Crotalus horridus*. There followed, during the first day, heavy pain in back of orbit and at left eyebrow. Second day: pain under right orbit and right side of forehead. Third day: dry cough, with tickling in throat at night.—Mure's *Materia Medica*, p. 10. Many other symptoms are recorded, but are, by the present writer, considered not reliable.

Second proving.—Took a dose of first or second trituration at 10 p.m. There followed on first day pricking all over body, starting during sleep, sleeplessness.—Mure's *Materia Medica*, p. 11.

Dr. OATES, having frequently witnessed the good effect of the use of alcohol after bites of venomous animals, and particularly after those of rattlesnakes, and perceiving that not only was the action of the poison arrested, but that under these circumstances the system was scarcely susceptible of being intoxicated with alcohol in any form, he was desirous of reversing the experiment by watching the effects of the poison when introduced into the system of a person already

thoroughly intoxicated. This experiment he performed through the stomach instead of through the circulation direct. For this purpose he carefully extracted a small quantity of venom from a healthy rattlesnake, and compounded it into pills with bread-crumbs. He then intoxicates himself considerably with brandy; after this he swallowed one of the pills, and its effect was to soon diminish the pulse, and although the intoxication was pretty deep, three of the pills so reduced the pulse and depressed the whole system that, for danger of collapse, powerful stimulants had to be resorted to. This, and other subsequent trials, fully satisfied him of the profound sedative action of rattlesnake venom, which he thought was scarcely equalled in this respect by any other substance.—*Given by Dr. Burnett in Proc. Bost. Soc. of Nat. Hist.*, vol. iv, p. 323, 1854-6.

Dr. WALLACE writes:—"In view of the fact that carbonic acid gas, so deleterious in the lungs, is innocent, nay salutary in the stomach, I made myself and others subjects of experiments with the poison of the rattlesnake (*Crotalus horridus*), and I extended the experiments further on myself than on the others. This animal substance is the true Sampson of the materia medica, and I anticipate the time when rattlesnakes will be reared for medicinal purposes as the poppy and the palma christi are now. I mixed," he continues, "with some cheese by friction in a glass mortar with a pestle, the bags, venom and all, taken from the fangs of a large and vigorous rattlesnake, and then divided the mass into one hundred pills. Of these I occasionally took, sometimes one, at other times two, or three, or four pills a day. A general dropsy succeeded the first state of heavenly sensations, which has not, even to this day, fully gone off, being even now, March, 1827, subject to swellings in the evenings."—*James Westwood Wallace, Tanquier, Virginia, 1824. Coxe's Dispensatory, 1827, p. 664.*

On this Dr. S. WEIR MITCHELL writes to the editor of the *Philadelphia Medical Times* (vol. i, p. 101):—"Dr. Wallace's 'Provings' of *Crotalus venom* seem to me worthy of preservation."

Dr. Wallace goes on to write:—"The diseases of the

lymphatic and arterial systems are never benefited by rattlesnake poison, but the nervous and muscular systems are speedily roused into action. Palsy is much benefited; old rheumatisms are removed or relieved; the passions of the mind are wonderfully excited; delirium in typhus fever, continued muttering (typhomania), is almost immediately removed, and a serene mind, expressive of pleasure, follows; melancholy is quickly changed into gay anticipations. Old sores are uniformly injured, on one occasion an old cicatrix opened and was difficult to heal afterwards. The intellectual powers become improved."

Dr. HAYWARD.—Kitten. Four drops of pure venom, which had been preserved in glycerine, were dissolved in a drachm of distilled water and poured down the throat of a kitten about 10 a.m., September, 1878. The kitten shortly began to tremble, and did so quite visibly for five minutes, and at the sixth minute it mewed quite distressingly and appeared very uncomfortable. After eight minutes it crouched down and partially closed its eyes, and after twelve minutes it lay down, it lay quiet, and was loath to be roused up. After twenty minutes it mewed a good deal and seemed very distressed, and on the room door being opened it ran away as if frightened. The distress and restlessness continued, and at the thirtieth minute, on being taken back into the room, it lay down as if dull, heavy, stupid, and sleepy, and on being petted it appeared snappish; it remained much the same for the day, and in the evening it vomited, which it had never done before. The next day it appeared somewhat dull, quiet, and snappish, but nothing otherwise wrong.

AN INFANT.—Dr. BARSTOW writes to Dr. J. R. Coxe (of *Coxe's Dispensatory*):

"Wilkesbarre, Pa., May 27th, 1806.

" . . . Some time in the summer of 1801, the wife of Mr. Alfred Beeman, of Braintrim, Luzerne County, Pa., was bitten by a rattlesnake. She was then in the fourth or fifth month of pregnancy. After a considerable degree of the common consequences of such an accident had

occurred she at length recovered. At the full time she was safely delivered.

“THE INFANT was apparently healthy, but immediately after allowing it to suckle it assumed the hues of a rattlesnake, swelled very much, and soon died.

“A PUPPY was then procured and put to the breasts; it died in two days with the same symptoms.

“A LAMB was tried next, and in succession one puppy and three lambs shared the same fate.

“Another puppy was procured. This exhibited but little of the symptoms and did not die. The woman all this time was as well as is usual after confinement.

“In the spring of 1803 I was called to see Mrs. Beeman soon after another birth. She had strong apprehensions that it would be unsafe to put the child to the breast, but was eventually prevailed on to make the experiment, and no disagreeable consequences resulted.

“These statements may be verified by reference to Mr. and Mrs. Beeman and H. V. Champin, Esq., as well as other persons in the town of Braintrim.

“Dr J. B. Coxe. Yours, &c., S. T. BARSTOW.”

—*Coxe's Dispensatory*, 1831, p. 738.

A COLT.—A Cowbridge correspondent writes:—“A valuable mare belonging to Mr. Davies, of Ystradowny, was recently bitten by a rattlesnake during the night. On the following morning a colt which the mare had been suckling was found dead, the virus having apparently been communicated from one animal to the other in the milk. The application of vigorous restoratives were necessary to save the life of the mare.—*Newspaper*.

REVIEWS.

On the Uselessness of Vivisection upon Animals as a Method of Scientific Research. By LAWSON TAIT, F.R.C.S.
Reprinted from the *Proceedings of the Birmingham Philosophical Society*, vol. ii, p. 121, 1882.

Experimental Physiology: its Benefits to Mankind. By RICHARD OWEN, C.B., M.D., F.R.S., &c. London: Longmans, 1882.

The Coward Science, our answer to Professor Owen. By CHARLES ADAMS, "Paid Secretary" to the Victoria Street Society for the Protection of Animals from Vivisection. London: Hatchard, 1882.

At a meeting of the *Materia Medica* Section of the International Medical Congress of 1881, the president, Dr. Fraser, was profuse in his compliments to Dr. Murrell, who had detailed a series of experiments with drugs on the hearts of frogs removed from the body, which he pronounced to be eminently scientific and valuable; but he at the same time said that the observations of most of the other speakers were far behind the actual state of medical science. These speakers who came in for this presidential censure were some half-dozen adherents of homœopathy, who had held up the Hahnemannian method of testing medicines on the healthy human body as the sole reliable method for ascertaining the physiological properties of medicines.

This little episode illustrates the mental attitude of the old school in the matter of experimental physiology. With these gentlemen experimental physiology means vivisection of the so-called lower animals, chiefly dogs, cats, rabbits, guinea-pigs, and frogs, though a diversion is sometimes made from this list, on the one hand to monkeys, horses, and deer, on the other to rats and mice. But though monkeys, as being likeliest in their anatomical structure to man, would be pre-

ferred, if they were to be had easily and cheaply, dogs are the most frequent subjects of the experimental physiologist's experiments. Certain qualities possessed by our canine friends have procured for them the distinction of being the chief subjects of the physiologist's experiments. Dogs are submissive, good tempered, confiding, easily fixed in any required position, not much given to panic fears or inconvenient struggling. They have been known to lick the hand of the scientific operator, and will show unimpaired intelligence by wagging their tails when kindly spoken to in the midst of scientific agonies;* and we have lately read that a large mastiff, which had been diligently vivisected during the day by his master, and had been tied up for further experiments on the morrow, when his master was attacked by a burglar in the night burst his bonds and pinned the armed ruffian to the ground. Traits such as these seem to show that dogs in their close companionship with man have learned, and act on, the maxim of returning good for evil, so constantly preached though so little practised by man; perhaps further intercourse with the superior being will enable the dog to imitate man more exactly, in the meantime it is very convenient for physiological purposes that dogs still practise the Christian virtue which men only preach. Such traits as these show also that dogs have not the same prejudiced repugnance to vivisection as their friends the zoöphilists or "bestiarrians," as Professor Owen calls them with as much propriety as good taste.† Moreover, dogs are easily procured for experimental purposes in any numbers from those industrious tradesmen the dog stealers. On the other hand, though in mental and emotional qualities dogs resemble some of the best specimens of humanity, they are physically very different. By nature they belong to the

* "Consciousness was retained throughout, and the poor animal seemed to ask my help in the paroxysms, and in the intervals feebly turned his head, and wagged his tail when spoken to."—Experiments on a young sheep-dog, by Dr. J. Harley, *St. Thomas's Hospital Reports*, vol. v, new series, 1874, p. 155.

† "Bestiarius" being, as Mr. Adams points out, the Latin name for a man who used to hack and mangle (or be hacked and mangled by) wild beasts in the arena.

carnivora, whereas man is more akin to graminivora ; their skin does not perspire, and in anatomical structure they differ very considerably from man, so that it is not safe to infer that they will be similarly affected by physiological mutilations or by toxical or medicinal agencies.

Moreover, dogs have a disagreeable habit of howling loudly, and even shrieking, when hurt. This propensity, though it is a touch of nature that makes the dog world kin to the human world, is highly inconvenient to the physiological experimenter ; not, indeed, for the effect that it could have on his own nerves—for he is above all that sort of thing—but because it painfully affects sensitive zoöphilists within ear-shot, who might in consequence make themselves disagreeable to the physiologist, and even indict him for a nuisance, as we believe has been done.

Rabbits which, next to dogs, are the most frequent subjects of the vivisector's attention, have not got this awkward propensity to make a noise, but, on the other hand, they are such frightened, struggling creatures that they are difficult to deal with, and besides, they are, though graminivorous, still more widely separated from man in structure and habits than dogs.

Frogs, which have often been commended as specially adapted for the physiologist's purpose, are certainly noiseless, easily managed, and very cheap, but they have defects of construction, such as a single heart, a meagre brain and a diffused vitality, that remove them too far from human affinities to allow them to be used with much advantage for experiments. In short, what with fundamental differences of structure, habits, and susceptibilities, all animals we are accustomed to call "lower" are unsuited for experiments which shall be of use to advance a knowledge of human physiology.

It is partly for this reason that Mr. Lawson Tait is completely justified in his statement that "vivisection as a method of research has constantly led those who have employed it into altogether erroneous conclusions, and the records teem with instances in which not only have animals been fruitlessly sacrificed, but human lives have been

added to the list of victims by reason of its false light" (p. 120).

This, of course, only applies to inferences as to human physiology from experiments performed on other animals, but we would not, of course, deny the value of experiments on a dog to ascertain points connected with canine physiology, or on a rabbit to determine matters of leporine physiology, or on a frog to settle questions of ranal physiology. But, even if the results of experiments on the lower animals were as competent to decide points of human physiology as we believe them to be the reverse, there is one insuperable obstacle connected with experiments on the lower animals which must always tend to obscure the interpretation of the observed phenomena. This is the want of intelligence of the animal operated on. We cannot interrogate him as to his sufferings and sensations, and so we are debarred from employing the most satisfactory method of ascertaining how he feels under our experiments. We are thus confined to obtaining by mere observation information which, were there intelligence, we might better obtain by cross-examination. Hence the most carefully conducted experiments often lead to perfectly negative results, or even to quite erroneous conclusions, and if reliance be placed on them it is not to be wondered at that, as Mr. Tait says, "human lives have been added to the list of victims by reason of its false light."

It is evident, therefore, that if, as Ferrier assures us,* "experiments on animals under conditions selected and varied at the will of the experimenter are *alone* capable of furnishing precise data for sound indications as to the functions of the brain and its various parts," and if of the brain, *à fortiori* of other organs and parts, considering the radical differences of structure of the various tribes of animals, such experiments, if employed to elucidate the physiology of animals of other classes, can only be misleading, and should therefore be abandoned. Experimental physiologists ought to endeavour to obtain living *human* subjects for their experiments. They might apply to the proper authorities to be permitted to experiment on condemned criminals. King

* *Functions of the Brain*, p. xiv.

Ptolemy we know handed over his criminals to Drs. Nero-philus and Erasistratus, who dissected them alive without anæsthetics to the great satisfaction of these eminent medical scientists, though it must be confessed with but small gain to physiological science; but as we have greatly improved in our methods since that time we may hope that researches conducted in our way might be more fruitful in results. We are not sure that application to the Home Secretary, who seems to exercise a certain power in determining the fate of criminals, would be successful, but perhaps a petition to Parliament would be more likely to succeed; at all events, it would probably be favourably considered by those members who are anxious to have certain criminals punished by the infliction of corporeal suffering. These legislators might be willing to substitute for their favourite punishment of the lash vivisections, with or without anæsthetics, varied according to the heinousness of the crime. A criminal of not very deep dye might be let off with a mild vivisection, while one guilty of a very atrocious crime might be handed over to the experimental physiologists for some very risky experiments involving danger to life, such as those performed on monkeys by Professor Ferrier, as we understood, until a late trial showed that Dr. Yeo was the experimenter, though Dr. Ferrier had previously always taken credit for them.

It is quite possible, indeed probable, that Parliament might not accede to such a petition; still there is just a chance that it might, at all events there could be no harm in "trying it on." It would, any way, show the zoöphilist public that physiological experimenters, or experimental physiologists, were quite willing to remove from themselves the reproach, so often hurled at them, of making useless vivisections on helpless animals of a different organisation, if only the ruling powers would help them in their laudable effort. Should the plan fail, our licensed vivisectors, backed by the Association for the Advancement of Medicine by Research, which contains many wealthy men, might appeal not to the scientific spirit but to the cupidity of the world at large, and by offering a considerable bribe induce some

needy persons to submit themselves to physiological experimentation. It is scarcely likely that they will find willing subjects among their own countrymen, but as we know from Payn's *By Proxy* and other equally trustworthy sources of information that in China persons condemned to death can easily find substitutes who, for a moderate sum of money settled on their families, will quietly submit to torture and decapitation, there can be no doubt that plenty of Chinese might easily be got who, "for a consideration," would cheerfully submit to the minor discomforts of vivisection. If not enough of Celestials to supply the physiological laboratories could be found down about Wapping and Ratcliffe Highway, a sufficiency might be exported *ad hoc* from China, Chinese being most exportable creatures. Whether the racial differences of these Asiatics may not be attended by physiological differences which might disqualify them from being used to decide points of general human, and more particularly European, physiology, is a problem for the consideration of our experimental physiologists before embarking on this novel branch of industry.* In the meantime, until these weighty questions have been settled, it might be as well to intermit the practice of dissecting alive the lower animals, which has hitherto furnished only contradictory results, and has done little or nothing to add to our knowledge of the physiology of man, or to assist us in curing human diseases.

But if vivisections on the lower animals have been nearly barren of reliable physiological information, experiments with medicinal agents on these animals have been equally fruitless and misleading as regards the therapeutical virtues of

* It is to be feared that there are inherent differences in the Chinese race that may invalidate their utility as *corpora vilia* for experiments to elucidate European physiology, for Mr. Newcome in the *Med. Press and Circular* has told us that the Chinese have quite a different materia medica from ours, and though they raise large quantities of rhubarb, aloes, camphor and castor oil for the European market they do not use these drugs for themselves, medicinally at least. Indeed, we know that they employ castor oil for their salads, which European guests have often discovered to their consternation when assisting at their feasts. These facts seem to show that Orientals could scarcely be relied on as subjects of physiological experimentation by occidental physiologists.

these agents. In spite of Virchow's assertion* that the provings of drugs according to the method of Hahnemann cannot be even distantly compared in point of therapeutic value to the experiments with drugs on animals, all who are even superficially acquainted with the subject know that this assertion is in flagrant contradiction with facts. We have only to compare the hundreds of new and valuable medicines in our materia medica with the meagre list of remedies of doubtful value added to the common treasury of medicines by physiological experiments on animals, to be convinced of the absurdity of Virchow's assertion. We might go further and say, with perfect truth, that the knowledge of the therapeutic virtues of these two or three drugs was not obtained mainly or at all from the experiments with them on animals, but chiefly, or even solely, from their employment on human beings. Indeed, we are convinced that the method of testing drugs on the lower animals is altogether misleading.† A glaring instance of the illusory character of such experiments was furnished a short while ago by Professor Rutherford's experiments on dogs to ascertain the effects of *Mercury* on the bile. He subjected a large number of dogs to the inconvenience and discomfort of a biliary fistula, and dosed them freely with *Mercury*. To the infinite bewilderment of the medical world he announced as the result of his painstaking experiments and observations that *Mercury* has no influence on the biliary secretion. But every one knows that a blue pill or a few grains of *Calomel* given to a human being will produce a very decided effect on the secretion of bile. If Professor Rutherford's experiments were properly conducted, and it would be treason to doubt that such a master of physiological science could err in this respect, then the inference is that *Mercury* does

* *Trans. of the Intern. Med. Congress of 1881*, vol. i, p. 34.

† Mr. Lawson Tait seems to be of the same opinion. "The question," says he, "of the investigation of the action of drugs by experiments on animals I have to confess is a very difficult one, because after we have found out what they do in one animal we find that in another the results are wholly different, and the process of investigation has to be repeated in man" (op. cit., p. 127).

not act on dogs in anything like the way it does on man; and if this is the case with *Mercury*, what ground have we for believing that other medicines may not have quite a different action on man from what they have on other animals. In fact, if we carefully compare the records of experiments with almost all other medicines made on man and on other animals, we shall find such differences in the manner in which they are severally affected as must disenchant us altogether with the notion that the results of such experiments made on other animals can teach us how drugs will act on man. The futility of such a mode of ascertaining the powers of medicines was long ago pointed out by Hahnemann.*

We may give a concrete example in illustration of the impossibility of inferring the effects on man of a medicine from experiments on the lower animals. No medicine has been more frequently tested as to its effects both on man and the lower animals than *Aconite* and its alkaloid *Aconitine*. Dr. J. Harley has published in *St. Thomas's Hospital Reports*, vol. v., n. s., 1874, a series of experiments on various animals and on human beings with *Aconitine*. We will extract from them the effects of the drug on the pulse.

OBS. I.—Horse. $\frac{1}{1000}$ th gr. injected under skin of shoulder. After 2 hours the pulse was accelerated 10 beats, strong, full, irregular.

* "But some will say, 'the administration of drugs to animals by the mouth will furnish some certain results respecting their medicinal action.' By no means! How greatly do their bodies differ from ours! A pig can swallow a large quantity of *Nux vomica* without injury, and yet men have been killed with fifteen grains. A dog bore an ounce of the fresh leaves, flowers and buds of *Monkshead*; what man would not have died of such a dose? Horses eat it, when dried, without injury. Yew leaves, though so fatal to man, fatten some of our domestic animals. And how can we draw conclusions relative to the action of medicines on man from their effects on the lower animals, when even among the latter they often vary so much? The stomach of a wolf poisoned with *Monkshead* was found inflamed, but not that of a large and a small cat, poisoned by the same substance. What can we infer from this? Certainly not much, if I may not say nothing. Thus much at least is certain, that the fine internal changes and sensations, which a man can express by words, must be totally wanting in the lower animals" (Hahnemann's "Essay on a New Principle," from *Hufeland's Journal*, vol. ii, 1796, translated in *Lesser Writings* which see, p. 299).

OBS. II.—Horse. $\frac{1}{30}$ th gr. injected subcutaneously. After 1 hour pulse 50, increased in volume and power; after $1\frac{1}{2}$ hour pulse 60, full and strong; after 3 hours pulse 68, full and strong; after $6\frac{1}{2}$ hours pulse 52, regular, but weak; after 18 hours pulse 40, weak.

OBS. III.—Horse. Before experiment pulse 50. $\frac{1}{4}$ th gr. injected. In ten minutes pulse 56, stronger; after $1\frac{1}{2}$ hour pulse 68, full, regular, soft; after $2\frac{1}{2}$ hours pulse 40, very feeble; after 3 hours pulse 30; after $3\frac{1}{2}$ hours pulse 80; after 4 hours pulse 84; after 6 hours pulse 60, very feeble: then the pulse rose rapidly to 120; after 7 hours pulse 60, regular as to time, very irregular as to force, &c.

OBS. IV.—Horse. Before experiment pulse 38. $\frac{1}{2}$ gr. injected. After $\frac{1}{2}$ hour pulse 44, stronger; after 1 hour pulse 48, increased in volume and power; after 1 hour 10 minutes pulse 86, full and strong; after 2 hours pulse 136.

OBS. V.—Dog. $\frac{1}{200}$ th gr. injected. After 15 minutes heart throbbing violently; after 33 minutes pulse 110 to 120, regular and strong.

OBS. VI.—Cat. $\frac{1}{1000}$ th gr. injected. After $1\frac{1}{2}$ hour pulse 240, regular; after $2\frac{1}{2}$ hours pulse 260, regular; after $4\frac{1}{2}$ hours pulse 140.

OBS. VII.—Cat. $\frac{1}{200}$ th gr. injected. After 45 minutes pulse 120.

Now compare the experiments of the same observer on the human subject.

OBS. X.—A man. Before experiment pulse 66, regular. $\frac{1}{200}$ th gr. taken by mouth. No material alteration of the pulse was observed.

OBS. XI.—Man. Before experiment pulse 66. Took $\frac{1}{20}$ th gr. After 40 minutes pulse 60; after $1\frac{1}{2}$ hour pulse 58; after 3 hours pulse 56.

OBS. XIII.—Man. $\frac{1}{20}$ th gr. No effect observed on pulse, pupils, or breathing.

It is usually stated, and many cases of poisoning corroborate the statement, that *Aconite* slows the heart primarily (though some cases show that the contrary occurs), but were we to be guided by Harley's experiments on horses, dogs, and cats, we would infer that it quickens the action of the heart in a very marked manner at first.

In vols. xx and xxii of the *Practitioner*, Dr. G. Hunter Mackenzie gives the details of a series of thirty-seven experiments with *Aconite* and *Aconitine* on frogs and rabbits. He gives (vol. xxii, p. 173) a summary of the results of these experiments in the following words :

"1. *Aconite* and *Aconitia* act primarily on the respiration by their influence on the respiratory centre and peripheral sensory branches of the vagus.

"2. They have no direct action on the heart, and only affect that viscus secondarily through the medium of the lungs.

"3. Their action on the nervous system consists in, firstly, irritating, and secondly, paralysing, the peripheral sensory nerves and posterior roots of the spinal nerves. They have no direct action on the brain or the vaso-motor nerves. They increase the irritability of the peripheral motor nerves and of the motor columns of the cord.

"4. They do not induce muscular paralysis, but, on the contrary, increase the irritability of voluntary muscle.

"5. They induce convulsions mainly through their augmenting the irritability of the anterior column of the cord, the motor nerves and muscles.

"6. They firstly increase, and secondarily diminish, temperature.

"7. Death ensues from asphyxia and respiratory collapse."

Now, apart from the fact that these conclusions of Mackenzie from his experiments on frogs and rabbits, even were they correct, are of no manner of use to us as a guide to the therapeutic use of *Aconite*, it is evident that they are quite inconsistent with what we know of the pathogenetic action of *Aconite* on man. That *Aconite* has a direct action on the heart is shown by the numerous cardiac symptoms it gives rise to in cases of poisoning and in provings. Acharumow,* Liegeois and Hottot,† and Ringer,‡ from their own experiments assert that *Aconite* has a distinct and specific effect on the muscular substance of the heart. That *Aconite*

* *Arch. f. Anat. Phys. u. wiss. Med.*, 1866, p. 255, *et seq.*

† *Journ. de la Physiologie de l'Homme*, vol. iv, p. 520.

‡ *Hand. of Therap.*, 9th edit., p. 466.

has a specific action on the brain is evident from the marked cerebral symptoms it caused in almost all the provers and cases of accidental poisoning. The intellectual functions of the brain are not always affected, but sometimes delirium,* loss of consciousness and coma have been observed, and the emotional disturbances are peculiarly well marked both in poisonings and provings, and post-mortem observations show congestion of blood-vessels of brain and its membranes, and even serous exudation. Symptoms of paresis and paralysis are not uncommon. Ringer and Murrell† say that *Aconite* paralyzes all nitrogenous tissues. Achscharumow‡ says it paralyzes the voluntary muscles. Harley§ says it has no action on the sympathetic nerve, but, on the other hand, Bagshawe¶ relates a case of *Aconite* poisoning in which the main feature was paralysis of the sympathetic nerve. Boehm and Wartmann|| conclude from their experiments on animals that *Aconitine* paralyzes first the sensory and then the motor part of the cord.

It would be easy to multiply these illustrations of the conflicting and contradictory conclusions of experimental physiologists in regard to the effects of *Aconite*, all derived from observations and experiments on the lower animals.¶ These contradictions teach us that such experiments are

* This was especially well marked in a case of poisoning recorded by Dr. Read (*N. S. Wales Med. Gaz.*, vol. iv, p. 43). He was poisoned by frequent medicinal doses of *Acon.*, and when seen was highly delirious, talking all sorts of nonsense, imagining strange figures, goblins, &c., about the bed. Mistook people, and rambled incoherently. As a rule, after poisoning by a large dose of *Acon.*, the intellect remains clear, but other functions of the brain, especially the emotional, almost always show signs of great derangement.

† Ringer's *Handbook of Therapeutics*, 9th edit., p. 467.

‡ Loc. cit.

§ *Practitioner*, vol. xi, p. 26.

|| *Verhand. der med. Gesellsch. zu Würzburg*, 1872, n. F., vol. iii, p. 62.

¶ Dr. Hughes has shown (*Pharmacodynamics*, 4th edit., p. 159) how erroneous is the conclusion drawn from experiments on animals, that *Acon.* paralyzes the sensory nerves. These may be and are rendered insensible to impressions from without, but they are often the seat of severe pain, sometimes amounting to sharp neuralgia, as many cases of provings and poisonings of intelligent creatures show.

attended with the greatest uncertainty as to the effects of the drug on animals of the same species, and that therefore they can be of little or no use, indeed, are altogether misleading as to its effects on human beings. And if this is the case with respect to *Aconite*, a drug that has been so extensively employed in experiments on animals, how much more uncertain and deceptive must be the conclusions arrived at from the scanty trials of other drugs on animals. In fact, the only reliable information with regard to the action of drugs on the human being is that derived from the records of careful provings on intelligent persons and of poisonings, accidental or designed. Physiologists themselves are beginning to feel and to acknowledge this, and must in the end adopt the method of proving medicines taught and practised by Hahnemann as the only sure and certain way of learning their effects on man. We can easily believe that those who have hitherto held up Hahnemann to derision and scorn, will not willingly confess that he was the true pioneer of pharmacodynamic knowledge, but to this it must eventually come; and the true knowledge of the pure effects of drugs on the human system will thus only be obtained when investigators consent to tread the path pointed out, and first successfully trod, by the great German. It is mere waste of time, not to mention its cruelty to the victims and the exasperation caused to zoöphilists, to gloat and potter over the unintelligent agonies and strugglings of tortured frogs and other brutes, in the vain expectation of deriving from them some information respecting the pathogenetic effects on and therapeutic uses to man of new and unknown drugs.

Orts. By GEORGE MACDONALD, LL.D. London: Sampson Low and Co., 1882.

THIS collection of essays is interesting to us as it contains one on our late colleague Dr. Russell's admirable work, *The History and Heroes of Medicine*, a book which we fear is not sufficiently known to the rising generation of

Hahnemann's followers. The essay itself seems to have been a review written for, and for all we know published in, some periodical, though the author gives us no information on this point. It gives a very good idea of the nature of Dr. Russell's work, and expresses a very favourable opinion of it, but certainly not more favourable than the work deserves.

"It is," says Dr. Macdonald, "the work of a man of liberal education, of refinement, and of truthfulness, with power to understand and faculty to express," and he concludes:—"We rise from the perusal of the book, whatever may be our feelings with regard to the truth or falsehood of the system it advocates, with increased respect for the profession of medicine, with enlarged hope for its future, and with a strong feeling of the nobility conferred by the art upon every one of its practitioners who is aware of the dignity of his calling." A book which could produce such an impression on a man of genius and culture does not deserve to be neglected by the members of the profession for whom Dr. Russell chiefly wrote. Our own opinion is that *The History and Heroes of Medicine* should be regarded as one of our classics, and should occupy a place of honour in the library of every one of the author's colleagues.

Phthisis Pulmonalis or Tubercular Phthisis. By GERSHOM N. BRIGHAM, M.D. New York, and Philadelphia: Boericke and Tafel.

"NUMEROUS as our treatises on pulmonary consumption may be, the appearance of this work needs no apology, provided the author has something to say. From the homœopathic standpoint no very exhaustive treatise has yet appeared. Upon histological and pathological questions much has been written of late, and yet the profession have come to no agreement." Such are the opening words of the introductory chapter of this work. How far readers will agree with the author's first proposition will depend very much on how far they consider the something he has to say fulfils the want he names in his second, and sheds

light on the obscure questions of histology and pathology he names in his third. For our own part we may say frankly we feel he has greatly over-estimated his powers; we cannot admit that this is by any means an "exhaustive treatise" from the homœopathic, or any other standpoint, and pathological questions we find rather less than more clear for the author's treatment of them. This is the more to be regretted because there is much that is of real value in the book; and those portions which are of no value have such slender connections with the valuable part that they could all be cut away without in the least being missed. If the author had confined himself to giving us an account of the chief remedies that are found of service in consumption and chest disorders generally, with exemplifying cases, we should have had nothing but praise to give him. But his ambition has led him too far. He has, with the best intentions, endeavoured to do too much, and has—done it!

The first 76 pages of this volume of 241 pages, are devoted to an account of the pathology, symptomatology, and physical signs of phthisis. Then follows a chapter on "Amenorrhœa, Ovaritis, and Endometritis as Causes of Phthisis;" a chapter on Hæmorrhage, with the chief remedies, their leading indications, and illustrative cases; one on Catarrhal Phthisis with remedies and cases; one on Pneumonia; one on Complications, in pharynx, larynx, and intestines; one on Regimen, Climate, and Surgical drainage; a short one on Acute Tuberculosis; and then the *pièce de résistance*, the last 80 pages of the book, on Chronic Tubercular Phthisis, giving leading remedies with indications, and cases, original and gathered from various sources, illustrating their action. This is followed by a note on Favourable Symptoms, and another on the Mode of Administering Remedies. A glance at the above will show that power of arrangement is not one of the author's strong points. Neither is clearness of thought and expression. So long as he confines himself to arranging the characteristic symptoms of remedies, and stating simply the observations of himself and others, we can follow him with profit; but as soon as he attempts to leave this solid ground, and ven-

tures a flight into the regions of theory, we have no wish to follow him, and, if we try, we are soon, like him, lost in fog. If Mr. Matthew Arnold had seen this book before he passed what we fear is a very undeserved compliment on our profession by crediting it with the possession of the quality of *lucidity* in a high degree, we feel sure he would never have so committed himself.

What our author's own ideas are on the pathology of phthisis is not easy to make out. He appears to have imbibed all the theories that have been advanced without in the least digesting them. He thus reproduces them for our entertainment, side by side, in a crude, fragmentary form, without any suggestion as to which is most to be preferred, and along with them all, and quite uninfluenced by any of them, a chemico-humero-vital pathology of his own which crops up at odd times throughout the treatise. We will make a few selections.

"The blood fluid in all stages and conditions of purity, at high grade and low grade of vitality, passes into this sifting, assimilating, and eliminating organ to be prepared for the highest uses in the production of structural formation, and for supporting functional activity. That portions of *débris* should become immeshed in this network of cells does not seem strange."

"Our understanding of vitality itself is that it is a correlating energy—an energy all the time supplied by the transmutation of force ascending from the planes of the mineral, vegetable, and lower animal kingdom, and that all force is distributed from molecules. The action, then, of any specific virus or morbid force as well as the power of a drug whereby it impresses the organism, is properly spoken of as a mode of molecular energy. A remedy, if it does anything to aid vitality in its struggle against opposing forces, does so by imparting some of its own molecular energy, or by supporting the molecular or correlating energy or vitality; more commonly, I think, the first, foods and assimilable substances usually yielding the last. Indirectly, the drug energy may do something, yes, much, by removing impediments which so embarrasses (*sic*) vital energy that assimilation

lation, which is a mode of correlation, is unable to go forward."

The above is a delightful piece of scientific jargon. It can hardly be called lucid. The following will match it. The italics are ours.

"Not unfrequently several of the varieties [of tubercle] are found in a single autopsy. *Probably* tubercular matter is essentially alike, the difference in appearance being accidental; for miliary tubercle commonly is soft and can be crushed beneath the fingers, and is of yellow colour, as is the caseous; more rarely it is found as a minute granule, and is semi-transparent or greyish, and hard to the touch. *Possibly* it may now have undergone the calcareous transformation, retaining its millet-seed form. The miliary tubercle, however, varies from what is called caseous exudation, by being sprinkled throughout the lung, while the caseous exudation is usually confined to the apices. And yet, *many assert* that miliary tubercle is very commonly associated with caseous exudation, the school of Bennett affirming, and the school of Virchow denying, *as a rule*. But *this is agreed* that the diffuse tubercle is miliary. Then again, *it is affirmed* that infiltrated tubercle is often but an agglomeration of miliary tubercle. Miliary and infiltrated tubercle are certainly found in all shades of consistency, from the soft and diffuent to the calcareous." The italics are intended to mark the author's modest deference to the opinions of others, and his very guarded non-committal language.

On page 148 we come across this, which contains something new to us, as it probably will to our readers:

"We must remember the skin has a wonderful eliminating power. 'The poison of a rabid dog, a snake bite, and other infectious poisons,' says an eastern physician, 'may be *wholly eliminated* from the system by baths at 130° to 150° Fahrenheit; and *vaccine matter does not take if excessive perspiration follow soon after the inoculation.*' The value of thorough breathing and exhalation from the skin cannot be over-estimated." [Italics ours.]

"I do not suppose that we are to drift tubercle from its

lodgment in the lungs by baths at any temperature, but when nature declares her efforts at eliminating by the sweating process, it is well to inquire if we may not act on the hint. . . . Drainage of effete and tuberculous matter, either by an opening through the walls, or the emunctories, will tend to obviate the very general evil of auto-infection."

Of *Sulphur* he says (p. 225) :

"Acting upon the glands and follicles as it does, it is easy to explain its great power as an absorbent, suggesting that it can be utilised in the matter of drainage of the system. The taking up of *débris* and adventitious products and causing their elimination out of the natural sewage, is most important to health. As an electric it is negative to all known substances and the exact opposite of oxygen, which is positive to all known substances: this may be of more significance than we think."

In a chapter on "Tubercular Transformations" we are told that "of the earthy constituents, it is proved that the salts found are composed chiefly of the insoluble phosphate and carbonate of lime, mixed with a small proportion of the soluble salts of soda;" and a few sentences lower down we have this: "It will be remembered that the phosphates and carbonates of lime and soda are remedies that have thus far gained the highest reputation in the treatment of pulmonary tuberculosis with the dominant school, and that these have been supplemented with cod-liver oil." The last sentence contains a confusion of many distinct things. In the first place it is not phosphates but phosphites that are so largely used now by the dominant school. Then again the use of these was not "supplemented" with cod-liver oil, but the cod-liver oil treatment of consumption was introduced into practice by the late Professor J. Hughes Bennett long before the use of the phosphites was thought of. The credit of bringing the latter into note is due to Dr. J. F. Churchill, of London and Paris, who has advocated their use for many years, and has published a book with cases setting forth his theory of their action, and how he came to use them. He lays claim to the discovery of what he

calls "stœchiological medicine," by which he means medication directed to the ultimate elements of the tissues. Knowing tuberculous matter to consist largely of phosphates, that is, salts in which the phosphorus is fully combined and neutralised, he fancied that the lung tissues required more free phosphorus for the due discharge of their functions, and for the formation of less devitalised, and consequently more easily removable substances than tubercle. His aim was to supply the phosphorus. But this substance he found too irritating to administer in the crude state, and he was thence led to try its combinations in which the phosphorus preponderated over the base. He found what he desired in phosphoric acid, and the *hypophosphites* of soda and lime, and it is these which our author had in his mind when he penned the sentences quoted above. Dr. Churchill's success has been very great, as we who know the virtues of phosphorus can well understand. If he had only known the Hahnemannian method of attenuating medicines, he might have saved himself much trouble, and his patients much unpleasantness, and some risk. For he found that caution was needful; as in some cases, which he could not explain, the effect of the hypophosphites was to bring on all the train of consumptive symptoms, and complete the picture of the disease where nature had left it half finished, unless the remedy was promptly stopped. How he explains this on his "Stœchiological" theory we do not know. We have another way of looking at it—in the light of the law of similars. Dr. Brigham mentions later on in his book Dr. James Henry Bennett. The case of this physician, who was himself far advanced in phthisis, will be found reported in full in Dr. Churchill's book, taken from Dr. Bennett's own writings. Dr. Bennett is the author of two books, one on the South of France, and one on the treatment of phthisis. In the former, which appeared first, he gives all the credit of his recovery to Mentone, and the sagacity of Professor J. Hughes Bennett who ordered him there. But it appears that on his way he stayed in Paris, and consulted Dr. Churchill, who advised

him to take his hypophosphites, which he did with great benefit, continuing their use when he went to the south. Mentone, however, got the credit, and Mentone's fortune was made. In other writings, Dr. Bennett has given the hypophosphites their share of the praise, though not, according to Dr. Churchill, due credit to him for prescribing them.

The hypophosphites are rather unstable compounds. Those of lime and soda Dr. Churchill found most useful and gave them in the form of syrup. It is to these we suppose Dr. Brigham alludes in the sentence quoted above as having gained the highest reputation in the dominant school. What he means by including in the same category carbonate of soda, and carbonate of lime, we are at a loss to divine.

It may be that from the above quotations our readers will be able to form some definite idea of our author's views of the pathology of phthisis. For our own part we confess that we have failed, and are not without a suspicion that Dr. Brigham has no very definite ideas at all on the subject.

In the chapters on "Physical Signs," we find little that is original, and much that is sound. Not unfrequently, however, the author's fatal want of lucidity steps in, and obscures what was plain enough before. What, for instance, are we to think of the writer of this :

"Mastery of the totality of symptoms must be made if we expect any success; not the *outward symptoms* alone [*italics the author's*], or chiefly, but the *dyscrasia*, the *radix*, and the most occult vital impediment.
Certain it is, there is no excuse at this day for a man's being ignorant in our methods of physical diagnosis. If he cannot tell, as a rule, if he have *tubercular dulness* [*italics ours*], bronchophony, œgophony, or pectoriloquy, he is not to be commended for his learning, and yet there are weightier matters; yet it may be doubted if one knows nothing of physical diagnosis, if he will be a very good diagnostician on higher grounds."

It is very comforting to us to be told there are "weightier matters," even if we have to surrender our claim to being "very good diagnosticians on higher grounds," as we fear we must, since we confess that we cannot tell if

a patient have "tubercular dulness" not knowing, indeed, wherein that dulness differs from any other kind of dulness, and, sad to say, our author has not divulged the secret.

For all practical purposes tubercular consumption may be divided into two kinds, acute and chronic. Chronic phthisis may be brought about in many different ways, but presents tolerably definite signs and symptoms in whatever way it may have been induced. This is now regarded pretty generally as admitting of great amelioration by treatment, and in many cases of cure. Acute tuberculosis is a general disease, extremely rapid in its course, and generally fatal. We say *generally* when we might be expected to say *always*. On this point we can only say that we have seen cases get well which were perfectly undistinguishable from cases of undoubted acute tuberculosis, where the diagnosis has been confirmed by autopsy, the latter being the only thing wanting to make the diagnosis absolute in the cases that recovered.

Dr. Brigham is not content with this simple classification. He gives us a chapter on catarrhal phthisis, another on phthisis due to amenorrhœa, &c., another on pneumonia, another on hæmorrhage, a note on acute phthisis, and a chapter on chronic phthisis. In each of these chapters he gives medicines with their indications and illustrative cases. This necessitates much repetition, and introduces confusion, as the divisions are for the most part purely arbitrary.

It may be well here to indicate our author's position as regards therapeutics. Though not altogether despising the lower attenuations, his sympathies in the matter of dosage are clearly with the "Internationals." He is a believer in Fincke, and does not reject nosodes. But he is not a pure International. He is too liberal for that, and too fond of pathological theorising of a kind most un-International. The cases he cites are many of them of very great interest, though only about half of the 114 can be set down as genuine cases of phthisis. The rest are chest and throat disorders of other kinds.

The first cases related are some in which there is a marked connection between the chest affection and menstrual

disorders. Dr. Brigham is strongly impressed with the idea that the latter act as causes of the former. The evidence he adduces is, however, quite insufficient to sustain his hypothesis.

The remedies he has most confidence in in cases of the kind are *Alumina*, *Apis*, *Calc. Carb.*, *Conium*, *Ferrum Met.*, *Iodium*, *Lycop.*, *Murex Purp.*, *Puls.*, and *Sepia*. Here is what he says of *Lycopod*.

"The action of *Lycopodium* upon the ovaries, especially upon the right, has for a long time been well understood. It has been gaining clinical importance recently in the treatment of consumption. The two facts suggest that we are likely to find cases where it will be of great service when lung troubles seem to have arisen from menstrual derangements. The flatulency affecting the stomach and bowels; the urinary sediments; transverse character of pains or affections affecting the upper right and lower left sides, are often accompaniments pointing to *Lycopodium*. The leucorrhœa if present is usually excoriating, bowels constipated. Patients are subject to sharp cutting pains in the limbs, are sensitive to cold air, and are apt to emaciate, especially in the upper part of the body. The cough often seems to come from the *stomach* if one attempts to eat; pyrosis or burning at the pit frequently exist as a complication. Cough worse evenings, or night and morning.

"CASE.—A woman of lymphatic temperament has for a long time suffered from a cough. Symptoms: cough getting worse, aggravations morning and night; expectoration copious, yellowish green, purulent, and of salty taste; occasional stitching pain in the chest; very weak; night sweats; looks more and more miserable every day; little appetite; burning at the stomach; bowels constipated, moving every three or four days; *excoriating fluor albus*; cannot bear a current of air; shifting rheumatic pains; had taken *Nat. Mur.*, and *Calc.* Gave *Lycop.*³⁰ every day then every two days; relief after the first dose, then improvement in the cough, disappearance of the night sweats, gradual lessening and eventual cure of leucorrhœa. Discharged cured in eight weeks."—Krussler, in *Allg. Hom. Zeitung*, xxix, 122.

"Dunham mentions the symptoms: 'menses too profuse, anticipate a little; preceded by flatulent distention of the abdomen; great weariness of the legs; chill and heat at night; ill-humour and disposition to weep. During the menses acid taste, headache, severe backache, swelling of the feet, nausea, and a kind of faintness. Leucorrhœa in spells of a blood-red colour.'"

This is all very interesting, but it can hardly be accepted as doing anything towards proving the author's theory, and indeed we require to know a little of the physical signs before we can be quite certain that there was phthisis in the case. However, it is a good case any way.

The chief medicines Dr. Brigham relies on in pulmonary hæmorrhage are *Aconite*, *Veratrum viride* and *Elaps c. Arnica*, *Cactus*, *Phos.*, *Ipec.*, *Ham.*, *China*, and others are also recommended, and illustrated. *Veratrum v.* he confesses to have used somewhat empirically. As indications for *Elaps* he gives "taste of blood in the mouth and feeling of laceration in the region of the heart." Here is a case treated with *China*.

"A woman, æt 40, has been nursing for six months her tenth child. She had formerly been perfectly well; never had lung trouble. Has had cough with expectoration of blood for last two weeks. Symptoms: the woman seems strong but always looks thin and miserable; nearly constant dry hacking cough, with some pain in the chest every morning half an hour after rising, with constant tickling in the throat and some oppression of the chest; expectoration of bright red blood, about four ounces, with great exhaustion; cannot stir, pulse small, thread-like, rapid, 100; appetite poor; bowels constipated for three days; mind apprehensive. Prescribed immediate weaning of the child, and two doses each day of *China*¹². After the third dose the cough ceased, and she was well after receiving twelve doses."—Hichelheim, in *Hygeia*, vii, 142.

It is interesting in this connection to note that Dr. Kuriazides (see *New York Med. Times*, Oct., 1882) has recorded two cases of hæmorrhage from the use of *Quinine*, one from the kidneys, one from the nose, occurring in his

own practice. Others have noted purpuric eruptions occurring from the use of the same drug.

In the cases that call for *Aconite* the blood is *bright red*, usually foamy. *Arnica* cases may have either black or bright red blood, *frothy*, mixed with *mucus* and *coagula*; there are periodical *flushings* accompanying the hæmorrhage of *Arnica*.

In catarrhal phthisis and catarrhs which threaten to run into phthisis, the author thinks highly of *Alumina*. The chief indications for its use are, a dropping down of mucus from the posterior nares, a violent cough in the morning, raising of a little phlegm after coughing a long time, scurf about nose, swelling of septum. The *Iodide of Arsenic* appears to occupy but a subordinate place in Dr. Brigham's armoury. This is partly explained by his fondness for high dilutions, for we never hear of this drug doing much in the attenuations. It may be accepted as one of the best examples of the efficiency of what may be called the coarser homœopathy, meaning by that the homœopathy that does not confine itself to excessive refinements in fitting symptoms to symptoms, but dares to generalise, to endeavour to infer the genius of a disease from its manifestations, and the genius of a drug from its composition, as well as for its pathogenetic effects, and so adapt the one to the other. We are not aware of extensive provings of the *Iodide of Arsenic*, and yet it has earned a reputation in the treatment of consumption that is second to no other. From experience we can testify to its marvellous powers here, and could venture to match with any of the cases Dr. Brigham cites, cases in which the *Iodide of Arsenic* has performed the chief part of the cure. Do not let us be understood to disparage accurate homœopathising, if we may be allowed the term. No remedy always answers expectations, and we are quite convinced that that medicine whose symptoms correspond most closely to the symptoms of the disease under treatment, is the most sure to cure. But in rapid prescribing that is not always possible, and next to it in value comes the power of grasping surely the genius of disease, and the genius of drugs, and so adapting likes to likes. This power is only

gained by the most patient and intelligent study of disease and drug-action at the bedside, and in the study.

As an example of Dr. Brigham's method of presenting remedies and illustrative cases we may quote the following (*italics the author's*):

"CALCAREA CARBONICA."

"*Lung and thorax.*—Sore pains in the lungs, felt more by deep inspirations and stitches when moving. Stitches in both sides of chest aggravated by leaning forward. Sharp slow stitches in left side of chest, in a line horizontal with the pit of the stomach. Stitches in the left chest from the left to the right side with sense of constriction. Stitches mostly begin on left side.

"Sharp stitches in right thorax, from within outward, not affected by breathing as most calcarea pains are.

"*Cough.*—The cough is dry, especially at night, often violent, and when expectoration follows, the feeling is as if something had been torn loose. Cough is provoked by air carried down by full inspirations; and by tickling in the throat as from feather down; also by eating, and playing on the piano.

"*Aggravations.*—Morning and evening.

"*Accompaniments.*—Morning exhaustion; dozing even after getting upon the feet. Intense melancholy. Very forgetful. If patient be a woman still menstruating, menses too early, too profuse, too long lasting.

"Face chalky coloured, pale, may be bloated or may be thin; if thin skin inclines to shrivel.

"Flesh often flabby and soft. Lips swollen. Eyes surrounded with blue rings.

"Neck is slender and head seems too heavy for the small size of the muscles.

"Derangements of the stomach, such as a sense of weight soon after eating; pressure at the pit which is distended; eructations, which are tasteless or sour; spitting up of food or vomiting of ingesta; rapid loss of flesh (iodine). Abdomen bloated; mesenteric glands swollen, and various peculiarities in the excreta, such as, hard at first then thin,

offensive, and *clay-like*, or *chalky stools* with inclination to prolapsus recti.

"We have painless morning hoarseness; aphonia, desire for deep inspirations, and shortness of breath with vertigo, especially when ascending stairs or going uphill. *Stitches* in left mamma when coughing. Stitches in *Calc. carb.* about as marked as in *Kali carb.*"

Here is a case of the author's own.

"Mrs. B—, of a scrofulous constitution through paternal side, of sanguine nervous temperament, auburn hair and dark eyes. Grandmother, father, and two sisters had goitre; one sister died of tubercular phthisis of the lungs, showing no sign of goitre, nor did the present subject. Grandmother always troubled with a cough, though she lived to old age; consumption still more common in other branches of father's family; patient had whooping-cough when a child from which she recovered with difficulty, and was always subject to a harassing cough of a *dry provoking character*; after her marriage was somewhat better, but after bearing her second child she showed evident signs of decline, losing strength and flesh for six weeks with cough growing steadily worse. At this time she took *Arsenicum* 30, being led to it by peculiar numb sensations in the upper extremities, soreness and pain in apex of right lung, the cough being worse immediately after lying down, accompanied with titillation in the larynx. She soon improved and got on very well till the next spring, when she was taken down again; this time she was tried on her old remedy, but to no purpose, but *Calcarea* did arrest the cough and other symptoms, which were, as will be seen, more conformable to its pathogenesis.

"Cough was very dry and harrassing *morning and evening*, especially with *tickling*, as from *feather dust*, in the throat; if any sputum was thrown off it seemed as if it had to be *torn from the larynx*; *tongue* would often *protrude from the mouth so violent was the cough*, and with such difficulty was anything detached. *Calcarea carb.* had the effect to finally control the worst of these symptoms and restore patient to her usual health.

"The old cough, however, never quite left her for any considerable time, and was always worse from a little exposure. This lady, however, managed to live and raise a family of three children besides losing two in infancy. When she reached her climaxis she died of a tubercular affection of the left lung. Her three children showed signs at puberty of having enlargement of the thyroid."

We quote the following for the dietetic hint which we have often found of great value in phthisical cases, and have italicised.

"KALI MURIATICUM.

"A lady, æt. 35, and married, consulted me for catarrhal phthisis affecting a small space in the upper left lung, with a crackling respiration, audible even to patient when recumbent. Expectoration greenish; dulness on percussion; paleness; emaciation; fever inconsiderable; cough was of some months' standing. Patient had taken cod-liver oil *ad nauseam*. Prescribed *Kali Mur.* 30, three times a day, and gave her freely a preparation made of *one-fourth pound of finely-cut suet, simmered in two pints of milk down to one pint, fat rising on cooling to be skimmed off*. Patient steadily improved for months, when an aggravation of cough took place, which I attributed to my remedy. Gave remedy only every third day subsequently. The green colour of sputa soon diminished under treatment and the crackling sounds in the bronchi. Two months from commencement of treatment patient's weight was nearly normal and she was steadily gaining; slight dulness, however, remained. She went to her friends in another state. She relished her suet and milk well."—J. C. Morgan.

In his presentment of medicines we have found our author generally trustworthy as regards the symptoms he gives. He makes, however, no distinction between those from provings on the healthy and those from the "Chronic Diseases." He also fails to distinguish between symptoms which have been found to indicate a remedy by clinical observation and pure pathogenetic defects. These are defects which should be rectified. We do not say these clinical symptoms should be rejected,

but readers should be apprised of their source and left to judge for themselves of their value.

Before leaving Dr. Brigham there are two points we must mention. One is his peculiar ideas of the English language and the way it should be put together. He treats us to several new words, as "immure," which is twice used (pp. 29 and 30) in the sense of possessed of immunity; "canification," the meaning of which we are quite unable to discover (p. 37); "depreciated corpuscles," probably meaning deteriorated corpuscles, is a new use of an old word (p. 77). "Know as" for "know that" is not English at all (p. 138).

The second point is a graver one. We can forgive offences against the living better than against the dead, and dead languages are particularly sacred. But Dr. Brigham does not spare the one any more than the other. We say nothing of spelling the anglified word "hæmorrhage" with the "e" instead of the diphthong, that may be conceded to American love of economy. But when it comes to spelling simillimum with a single "l" we must protest. At first we thought our author was actuated by economical motives here, but we came across the word spelt rightly once out of a score of times, and once—Shade of Cicero!—*similissimum*! We would respectfully recommend this word to the Internationals. After this "Kali Carbonica" for Kali Carbonicum, "ad" initio for *ab* initio, and "Silesia" for Silicea, are trifles scarce worth mention.

If Dr. Brigham will confine himself to observing, and collecting the observations of others, he may yet gather together much that the world will thank him for; but we entreat of him before he next writes a book to take lessons in the language he writes in, and the art of composing in it, from some competent professor; to study diligently the art of arrangement, to eschew theories, original and borrowed, and to get some friend who knows Latin to promise to look over the proof-sheets. If he will do this he will save his reviewers and his readers much trouble and loss of temper, and give them a chance, "if he has something to say," of knowing without difficulty what the something is.

Journal of Cutaneous and Venereal Diseases, Vol. I, No. 1.

Edited by HENRY G. PIFFARD, A.M., M.D., and
PRINCE A. MORROW, A.B., M.D. New York: William
Wood and Co.

WE welcome the appearance of this new journal, which has made a good start with its first number. The original matter is valuable, interesting, and well presented. The first article on "Trichophytosis cruris" is very well illustrated by a coloured plate representing a case of that disease. Papers read before dermatological societies, with discussions, are given, also selections from other journals and reviews. One of the discussions was on the report of two cases of acute psoriasis following vaccination, in one of which cure was brought about by *Arsenic*. In the discussion Dr. Piffard made the following remarks, which have an interest for us:

"With regard to the use of *Arsenic* in psoriasis, Dr. Piffard had seen remarkable results; he had seen the skin almost entirely clear off, and the redness disappear before the patient took the second dose. But the patient took a large dose—a teaspoonful of *Fowler's solution*—by mistake. The patient was bloated up, and had a bad time, but the eruption disappeared. He believed such an effect could be often produced if the patients could stand the large doses of *Arsenic*. . . ." "Experiments made in England by Ringer and Murrell show that the giving of large doses of *Arsenic* to frogs would cause them to shed their entire epidermis." There is life in the first number of this journal; we wish it—what it promises to have—a long, vigorous, and useful one.

The American Homœopathic Pharmacopœia, compiled and
published by Boericke and Tafel, New York, 1882.

THE union of the double function of authors and publishers is, of course, not unknown in general literature,

several of our best known publishers being themselves the authors of books they publish, but it is somewhat of a novelty to find the combination of publishers and authors in the case of a medical work. The circumstance is accounted for, however, when we find that one of the firm, F. E. Boericke, is himself a doctor of medicine. This *Pharmacopœia*, though designated "American," does not come to us accredited by the homœopathic profession or by any representative body of homœopaths in America, though this should not prejudice us in any way against it. Messrs. Boericke and Tafel assume the whole responsibility of it and only acknowledge the aid of two collaborators, viz. Mr. F. O. Ernesty, Ph. G., and Dr. Charles Mohr, formerly Lecturer on Homœopathic Pharmaceutics at the Hahnemann Medical College of Philadelphia.

The first part of this volume of 523 pages is devoted to a few pages on general homœopathic pharmaceutics. Here we have an account of the utensils used, the vehicles for preparing and administering the medicines, directions for procuring medicinal substances, the preliminary manipulation to be employed, the preparation of the attenuations or dilutions and the triturations. Here we may observe that when Hahnemann directs drops our authors say minims, which secures more uniformity. Their method of medicating globules differs from that of Hahnemann, and is, we think, preferable. Hahnemann we know directed that the globules should be placed in a porcelain bowl and enough of the potency poured over them to moisten them, and that when moistened the globules should be poured out on a piece of filtering paper, and put when dry into a well corked bottle. Our authors direct the globules to be put in a bottle two thirds full, the potency poured in so as to moisten them completely, the bottle well shaken, inverted, and allowed to remain so for nine or ten hours; then the cork loosened and the superfluous liquid allowed to drop out. In a few days the globules will be quite dry. We have next directions for making the tinctures in the four several ways recommended by Hahnemann. Our authors make no attempt to get mother-tinctures of a uniform

strength like the authors of the *British Homœopathic Pharmacopœia*, but they give the proportions of drug-power in each of the differently prepared tinctures, and the proportion of drops of this to alcohol to make the 1st dilution, so that it comes to pretty much the same thing, and is certainly simpler than the attempted uniformity of the *British Homœopathic Pharmacopœia*. Directions are next given for aqueous solutions (two kinds) and alcoholic solutions (two strengths). Then come triturations of dry medicinal substances, triturations of liquid substances (like petroleum), triturations of fresh vegetable and animal substances. Under each of these classes, which are separately numbered, the mode of converting the primary proportion into centesimal and decimal potencies is described. In making triturations of metals, the authors prefer the precipitated metal to the foil or filings employed by Hahnemann, and this we think is an improvement, advised but not carried out in the *British Homœopathic Pharmacopœia*.

The second part is devoted to Special Homœopathic Pharmaceutics. The substances treated of are very numerous, and are arranged alphabetically. There are many not to be found even in the voluminous *Encyclopædia* of Allen. All are treated in the same methodical manner. The plants are thus treated: 1, Synonyms; 2, Nat. Order; 3, Common names; 4, Description; 5, Preparation; 6, Drug-power of mother-tincture; 7, Indication of the Class (see above) according to which dilutions are to be prepared. The chemical substances are thus treated: 1, Present names; 2, Formula; 3, Origin and formation; 4, Preparation; 5, Properties; 6, Tests; 7, Preparation for Homœopathic use; 8, Amount of drug-power of mother-tincture; 9, Indication of Class according to which dilutions are to be made. Other substances are treated with equal fulness and with modifications demanded by their nature. From a more than cursory examination we are able to say that this portion of the work is executed with great ability and care. The chief fault that we have to find with the work is that it is overloaded with out-of-the-way and seldom or never used substances, which for all

the reader can see are considered as genuine medicines, and are as carefully treated of as our best known polychrists. We do not, it is true, find those *recherché* medicines of the so-called Hahnemannians, *Sol*, *Luna*, *Nix*, *Lac caninum*, *Lac defloratum*, &c, but we have "*Saccharum album*" figuring as a medicine, and "*Adamas*" (diamond), for the trituration of which we are recommended to use sugar of milk crystallised into the form of a pestle (spelt "pestal") and mortar. We rather think the pestle and mortar would have the worst of it in the operation. The authors do not follow the example of the compilers of the *British Homœopathic Pharmacopœia*, and mention where the provings of the various medicines are to be found, and as many of those they include in their pharmaceutics are not to be found in Allen, we are at a loss to know where a proving of diamond is recorded. We rather suspect they have not limited their *Thesaurus Medicaminum* to proved drugs, for we notice many articles which we are confident have never been proved or indeed used empirically by either the allopathic or homœopathic school. However, it seems ungracious to blame the authors for giving us too much, as we are always free to reject any medicines we please.

In an appendix we have mention made of the so-called "nosodes," or morbid products which have been introduced into homœopathic, or, perhaps we should say, isopathic practice; also the so-called "Eclectic" preparations of medicinal plants which are so much favoured by some practitioners; likewise directions for making cerates, arnica oil, glyceroles, lotions, tincture triturations, and tablet triturations, the two latter convenient forms for dispensing. The volume concludes with tables of weights and measures, and a table for converting apothecaries' weights and measures into gram weights.

The get-up of the volume is excellent, paper and print being of that superior quality in which the Americans excel all other nations. Comparing it with our own *British Homœopathic Pharmacopœia*, we are bound to say that the information given respecting the medicines and

their preparation is much more complete and detailed in the *American Pharmacopœia*. We confess to a prejudice in favour of retaining the Hahnemannian methods of making tinctures as the authors of the American work have done, though the attempt to introduce uniformity of the British compilers seems to have a more scientific air, but it has the disadvantage of rendering our pharmaceutics more complicated, and perhaps in the end the result is to furnish us with something—it may be better—but still not exactly the same as that obtained by the original method. It is curious that the authors make no allusion to the labours of the authors of the *British Homœopathic Pharmacopœia*, while they allude to Dr. Willmar Schwabe's *Pharmacopœia Polyglotta* as the best, though it is decidedly inferior to its British rival.

Doctor Burnett's Essays. New York : Boericke and Tafel.

THIS is an American reprint of our Dr. Burnett's little books, 'Ecce Medicus,' 'Natrium muriaticum,' 'Gold,' 'Curability of Cataract,' 'Diseases of the Veins,' and 'Supersalinity of the Blood,' with the addition of a paper on the 'Causes of Cataract,' presented by him to the American Homœopathic Ophthalmological and Otological Society. This republication, which we may add is not piratical, but by arrangement with the author, is a tangible testimony to the appreciation of Dr. Burnett's works by our American colleagues, and we heartily congratulate the author on it.

Transactions of the Thirty-fourth Session of the American Institute of Homœopathy. Pittsburg : 1881.

By some oversight we omitted to notice this volume on its publication. We cannot afford space to give a review

of it now, nor is that necessary, as we trust that all who are interested in the development of our art have got the volume. It contains among other valuable articles provings of *Papaya vulgaris* by Dr. Hale, of *Viburnum opulus* by Dr. H. E. Allen, and of *Caladium seg.* by Dr. Cowperthwaite. Curiously enough, the author and Dr. Parsons obtained no symptoms from massive doses of *Calad.* All the symptoms reported were from dilutions, mostly the 6th decimal. The 30th dilution caused intense and persistent pruritus vulvæ in a lady of 49. We all know that *Calad.* has long been used in homœopathic practice for the cure of that affection. In the same section Dr. Owens contributes a paper on the mode of drug action in cure, which gave rise to a very funny discussion, chiefly about the soul. The Bureau of Clinical Medicine occupied itself chiefly with a series of papers on the dose. The Bureau of Pædology devoted itself to the consideration of syphilis in infants. In the Bureau of Hygiene Dr. B. James enters fully into the construction of drains and gives a number of illustrations showing how drains should be and how they should not be made. Several other valuable papers were read in this section. In the Department of Obstetrics there is a paper on hæmorrhage, in which the authoress, Dr. Milly Chapman, advises hot water enemata as being the most efficacious remedy. Obstetricians generally seem to be of the same opinion. The gynecologists are chiefly concerned with laceration of the cervix uteri, and three papers are given on that subject by Drs. Ludlam, Comstock, and Allen. The surgical papers are on septicæmia, rotary lateral curvature of spine, perineorrhaphy, stricture of œsophagus, varicocele, fracture of neck of femur, and spinal abscesses. The author of the first-named paper is evidently unacquainted with Dr. Drysdale's observations on *Sepsin*, which we would recommend to him. The discussion that followed in this section was most interesting and instructive. In the discussion on septicæmia it is noteworthy that many of the surgeons present were able to speak from their own experience of the disease occurring in their own persons from wounds inflicted during surgical operations. Dr.

Helmuth gave a very instructive account of his supra-public operation for the removal of stone from the bladder. We observe that a work on the subject from his pen has been since advertised. The Section of Ophthalmology and Otology furnished some useful papers, especially one on the use of *Kal. phos.* (Schüssler) in suppurative otitis. The Section of Microscopy and Histology and of Anatomy and Physiology were also well furnished with interesting papers. Finally, Dr. Talbot contributed an exhaustive paper on the statistics of homœopathic institutions and periodicals.

Transactions of the Thirty-fifth Session of the American Institute of Homœopathy, held at Indianapolis, Indiana, June 14th, 15th, 16th, 17th, 1882. Pittsburg: 1882.

WHILE uncertainty and disappointment are encountered at every period of our transient life, it is refreshing to feel assured that the publication of an annual volume by the American Institute of Homœopathy is certain, and that we shall never be disappointed in the character of its contents. This, the latest volume of that great association of our transatlantic colleagues, is inferior in no respect to the many volumes that have delighted us in the past, and we can only marvel at the inexhaustible activity of the representatives of homœopathy in the New World.

The wonderful organisation of the institute, whereby the labours of its members are arranged in "bureaux" for every special branch of practical medicine, gives a methodical character to their labours and enables us to see at a glance how rich the institution is in practical cultivators of each separate field of our many-sided art.

This volume is adorned with an excellent portrait engraved on steel of the President of the Institute for this session, our esteemed colleague, Dr. Breyfogle.

On the first page we have Dr. Dowling's definition of *a*

regular physician, which the Committee of Publication was instructed to have conspicuously printed in all published documents and transactions of the Institute. It is as follows :

“ A regular physician, a graduate of a regularly chartered medical college. The term also applies to a person practising the healing art in accordance with the laws of the country in which he resides.”

This is good as far as it goes, but it scarcely goes far enough. A regular physician, we would define as a duly qualified physician practising medicine according to a definite rule or *regula*. Such a definition would be a fitting reply to the taunts of our old school opponents who assume to themselves the title of *regular* and calls us *irregular* practitioners. Their use of the word in this country, at least, has no reference to the legal qualification, for in that respect we are identical ; it refers only to practice, and as they confess that they do not practise according to any rule or *regula*, while our contention is that we do, we are fairly entitled to call ourselves regular practitioners and to deny that title to them.

The address of the President is distinguished by a manly and tolerant tone. He talked in flattering terms of the International Homœopathic Convention in London in 1881, of which he himself was one of the most distinguished members. He is not quite correct in the following statement :—“ The Royal College of Physicians and Surgeons of London, some months ago, passed a resolution permitting members to consult with homœopathic physicians, while differing from them in regard to the action and administrations of drugs.” There is a Royal College of Physicians of London and a Royal College of Surgeons of England in London, but neither of these august bodies passed any resolution at all like this. The College of Physicians did pass a resolution last year aimed at homœopathy, but it was so ill aimed that it entirely missed the mark, as we pointed out at the time. The President was on surer ground when he enumerated the triumphs gained by American homœopathy during the past year and when he gave an

account of the homœopathic literature and the new hospitals under homœopathic treatment opened, and the additions to the existing ones made during last year. He rather startles us by his revelations concerning triturations of metals, especially of gold. Professor J. Edwards Smith, of Cleveland, assayed a so-called 30th trituration of *Aurum*, and procured therefrom a "button" of pure gold large enough to handle and examine. Dr. Breyfogle, thinking there must be some mistake, procured from nine reputable homœopathic pharmacies, specimens of the 1st, 2nd, 3rd, 4th, 5th, 6th, and 30th of *Aurum* and sent them to Professor Smith for examination, concealing from him their nominal potency. It turned out that the reported 30th and even 60th yielded the same amount of gold as the 7th decimal. The inference is that the pharmacists contented themselves with triturating up to the 7th decimal, but not beyond this, though they sold triturations professing to be 30th and 60th. Professor Smith furnishes a paper to these *Transactions* which gives these and many more instances of equally disreputable tricks, such as large proportions of foreign matters mixed up in the triturations. We can only hope that British homœopathic pharmacists are not so unconscientious as some of their American brethren seem to be. These revelations will probably have the effect of disenchanting American physicians with high potencies, in the trituration form at least.

We have no space to give a full account of the contents of this volume, but we cannot refrain from alluding to the papers on Koch's celebrated discovery of bacilli in tubercle. Dr. J. S. Mitchell does not doubt the existence of what the *Medical Record* irreverently terms "Koch's bugs," but he is inclined to think that the bacilli may be an accidental accompaniment of tubercle and not its efficient cause. Dr. Rollin Gregg, on the other hand, says he is certain that Koch's bacilli as well as the *Bacterium termo*, the chaplet-shaped and the spiral bacteria are merely the fibrils and granules which are always found in fibrin under inflammatory conditions. Any way it is not likely that the anticipations of the *Lancet*, Professor Tyndall, and others, with

regard to the vast advantages of Koch's supposed discovery to the treatment and cure of phthisis, will be realised.

An interesting piece of information with regard to the article on "Homœopathy" in the last edition of the *Encyclopædia Britannica* will be found at p. 115. It appears that Drs. Cooper, McClelland, and Bingaman, in July last, called upon Messrs. Black, the publishers of the *Encyclopædia* in Edinburgh, and stated to them that a gross injustice had been done to homœopathy in that article, and requested that a correction should be made and justice done. "In answer they stated that they had made an effort to have the article written by a well-known homœopathist of acknowledged ability in England, and failing in that, they had applied to an equally well-known professor in America, and failing him also, they, being short of time, were compelled to employ the person who wrote the article, or leave it out altogether." This is not an exact statement of the facts as known to us, which are as follows:—When the new edition was announced a well-known homœopathic practitioner, whose published writings show him to be fully conversant with the history and practice of homœopathy, wrote to the editor, and having pointed out the faulty character of the articles on Hahnemann and homœopathy in the previous edition, offered to write a true account of the doctrines and practice of the school of Hahnemann for the forthcoming edition. No notice was taken of the offer. But the editor applied to another homœopathic practitioner, one well qualified for the task, to furnish an article on homœopathy for the new edition. This was done, we have no doubt well done, but it was not adopted by the editor, who preferred to entrust the preparation of the article to a bitter opponent of the system—and we see the consequences. Drs. Mohr, Morgan, and Guernsey were appointed a committee to wait on the American publisher of the *Encyclopædia Britannica* and request that if amends could not be made for this injustice done to homœopathy in the body of the work, this should be done in the American supplement, of which Professor R. E. Thompson

is editor. "Both publisher and editor have assured your committee that an article on homœopathy would be prepared for the forthcoming supplement that would do adequate justice to our cause, and they have agreed to submit the article before it is printed to any committee the Institute may appoint for approval." This is satisfactory so far as it goes, but it will not affect the English edition, in which the article on homœopathy will always remain as a proof of the power of prejudice over the judicial scientific spirit we have a right to expect in a great national work.

One of the most interesting of the articles is Dr. Talbot's report of the statistics of homœopathic medical organisations in the United States. "This report embraces 284 homœopathic institutions, viz.: 1 national, 3 special, 26 state, and 103 local societies, 13 clubs, 5 miscellaneous associations, 23 general hospitals, 31 special hospitals, 40 dispensaries, 12 colleges, 4 special schools, 15 journals, and 8 directories." These are classified and tabulated in a very complete manner, and they more than anything else serve to give us an idea of the immense activity of our American colleagues.

The volume concludes with a "Complete Code of Medical Ethics," from which we extract only the "Fundamental Principles."

"1. The great end and object of the physician's efforts should be: 'the greatest good to the patient.'

"2. The rule of conduct of physician and patient, and of physicians towards each other, should be the **GOLDEN RULE**: 'As ye would that men should do unto you, do ye also to them likewise.'

"The various articles of the Code are only special applications of these great principles."

Transactions of the American Homœopathic Ophthalmological and Otological Society, 6th Annual Meeting. Buffalo: 1882.

THIS volume contains many interesting papers on eye and ear subjects. The first paper is "*Chin. mur.* in Acute Inflammation of the Middle Ear," by Dr. H. C. Houghton. It is not quite satisfactory; some of the cases do not appear to us to have been otitis of the middle ear, and the best marked case of the disease does not seem to have been much helped by the medicine, but ran a rather long and severe course. The next paper is a description of a malformation of the auricle, with photographs of the ears. This is followed by an article on circum-corneal hypertrophy or spring catarrh of the conjunctiva. It is chiefly a *résumé* of a paper on the same subject by Dr. S. M. Burnett in the *Archives of Ophthalmology*. Dr. Vilas describes a case of congenital symmetrical binocular coloboma of irides and choroids and another of absence of the auricles. Dr. Buffum gives a case in which an injured eye set up sympathetic iritis of the uninjured eye, which he attempted to cure by cutting optic and ciliary nerves of the injured eye. The operation was successful for a time, but as the retinitis returned, enucleation of the injured eye had to be performed, which the operator hopes may be successful. Dr. Winslow contributes an interesting case in which sympathetic ophthalmia had caused deposit of fibrine so as entirely to block up the pupil. A tentative operation was performed, and the mass of fibrine, together with an opaque lens, was removed, and tolerable vision obtained. Our Dr. J. C. Burnett contributes a paper on the "Causes of Cataract," the causes he enumerates being salt, sugar, and drinking hard water. Dr. James recommends Dr. Walker's (of Liverpool) operation of cyclotomy. He has operated thus in eleven cases "without an untoward result in a single instance." Dr. Norton gives a paper on modern improvements in the operation for the extraction of cataract. These improvements are:—1. Making an iridectomy previous to

extracting. 2. The use of anæsthetics. 3. Discarding the use of the eye speculum. 4. Discarding the fixation of the eye by forceps. 5. The upward incision. 6. The perfect cleansing of the wound. 7. The substitution of a mask for the bandage. All these improvements, he thinks, contributed to the success of the operation. Dr. Macguire gives a case of episcleritis, by which expression is understood a circumscribed vascular swelling or nodule of a bluish or purplish hue some two to three millimètres from the cornea. He was successful in several cases which he relates with *Nux moschata* in 3rd and 30th dilutions. Papers follow on "Infantile Mastoiditis," by Buffum; "A Severe Burn of Eye," by Dr. Vilas; "Voluntary Nystagmus," by Dr. Campbell; "Granular Eyelids," by Dr. Lewis; "Cases of Hæmorrhage of Ear following a fall with crepitation heard in external meatus, and engorged papilla, with periodic objective bubbling noise in temporal fossæ," by Dr. Wanstall, a "Case of Otitis Media Purulenta," by Dr. Phillips, and some "Notes on Correction of Anomalous Refraction," by Dr. Wilson. Altogether this volume of *Transactions*, though small, is interesting and instructive.

OUR FOREIGN CONTEMPORARIES.

AMERICA.—In our January number of last year we brought down the journals of this country to June, 1881. On the present occasion we shall survey the remaining numbers of that year. We have already brought down those of the Continent to the same point; and purpose hereafter adopting a somewhat different course in dealing with them, which will enable us to give, at one glance, a view of all that has been noteworthy in the journalism of the past twelvemonth.

North American Journal of Homœopathy.—August.—Dr. Straube communicates some curious experiences with what he calls *Malandrinum*, which is the matter of the “grease” (malanders) of horses, potentised to the 30th. He has been employing it in an epidemic of smallpox, both as a prophylactic and a curative agent. Twenty persons who were quite well, and to whom it was given simply as a preventive, experienced symptoms from it not unlike those of the incipience of variola, besides (in several cases) a black, foul-smelling diarrhœa. Fifteen persons who, being in immediate contact with smallpox patients, and displaying symptoms of infection, took the drug, rapidly became well. Eleven developed cases were treated with it. The results are difficult to estimate, as most of them had been vaccinated; but it is noteworthy that in none who took it from the beginning was any odour perceptible. It does not, Dr. Straube considers, cover the brain symptoms of variola; but for these, when occurring, he finds *Stramonium* very efficient.

Nov.—We have here the contribution of Dr. S. A. Jones to the *Transactions of the World's Convention of 1876*, which has been omitted from the published volumes, “On the Erythræmalysis produced by *Picric acid*.” Dr.

Skinner contributes some more of his "Wunder-kuren." Let us take the first among them as a specimen. An American lady consulted him in July, 1878, for severe headaches and acrid leucorrhœa of some standing. "She got one dose of *Calcarea*, 150M, and all her symptoms disappeared. She returned to America, and I have heard since that the headaches had returned. I was written to about them, and I advised a repetition of the *Calcarea* in an equally high or higher power. I have not heard of her since Oct., 1878." If Dr. Skinner ranks this among his "cures," what must his failures be!

As an appendix to this journal, Dr. Lilienthal here commences a translation of Huber's exhaustive treatise on *Mercury*, written for the World's Convention, but too bulky to find space in its *Transactions*.

Hahnemannian Monthly.—Aug.—Dr. McGuire writes on "*Veratrum viride* in Acute Diseases of the Fundus Oculi." His experience is that it acts in congestions and irritations here as it does in similar conditions at the base of the brain. In Dr. Bushrod James's genial account of our International Convention two misprints should be corrected. In p. 485, l. 5 from bottom, "test" should be "best;" and in p. 491, l. 19, for "Hughes" we should read "Hayle."

Sept.—Dr. Hooper contributes some satisfactory observations on "The Efficiency of Potentised Drugs in abnormal or deficient Labour Pains." Dr. Reinbaugh sends a good case of senile gangrene recovering under the local use of dry earth, which at once removed all odour.

Nov.—Dr. Neidhard communicates a proving of the golden sulphuret of *Antimony*, made long ago, but hitherto unpublished. "For many years," he writes, "I have been in the habit of using this remedy in the 2nd trituration with great benefit in cases of acute as well as chronic nasal and bronchial catarrh. In chronic forms I have been particularly successful, having permanently cured with it cases which had lasted for years. In acne indurata it has been my chief remedy. I have also used it in several cases of gleet." Dr. Macfarlan's "Homœo-

pathic Medication in Surgical Cases" should be read. As he chiefly employs high potencies, his experience is the more unique. In the review of the *Transactions* of our late International Convention we find Dr. Pemberton Dudley writing thus:—"We have rarely read a discussion had in a medical convention with anything like the interest with which we perused the 'Minutes' contained in this volume. It seems that almost every member who took part in the discussion had quite pronounced views upon the subjects under consideration, and that these views were based upon experience and individual research and not upon mere book-learning, that their expression was characterised by an evident deference to the opinions of others, and that the whole object and aim of the participants was to advance the honour of homœopathy and enhance the success and influence of all its practitioners. This may seem like fulsome commendation, but if any one will read the discussions carefully he will be impressed very much as we have been." This is pleasant to read.

Dec.—In a discussion on the treatment of post-nasal catarrh, Drs. Knerz and McClatchey concur to praise *Nitrate of Sanguinarine* as its most effective remedy. The lower triturations are employed.

New England Medical Gazette.—July.—We are pleased to see that the City of Boston has made a grant of a piece of land containing 16,000 square feet to our hospital there.

American Observer.—Sept.—In reviewing Dr. T. P. Wilson's "Special Indications for Twenty-five Remedies in Intermittent Fever" (Jan., 1881), we expressed surprise that a physician of his distinction should have made his *début* in authorship with what was confessedly only an abridgment of another man's (Dr. H. C. Allen's) work. Our surprise is removed, though admiration is not substituted, by what we learn here. It seems that Dr. Wilson's book is a mere reproduction of a prize essay presented by a student at the Pulse Medical College to which he was formerly attached, and which came before him as one of its judges.

Oct.—Dr. Eldridge Price makes here an expression of opinion not very flattering to us. “If all the homœopathic practitioners in England—with a few noble exceptions—were proselyted to allopathy, they would not be perceptibly missed from the ocean of scientific homœopathy.” Dr. Samuel Jones follows with like severity towards ourselves. The article (“A Curious Manuscript”) is in his most Carlylese vein; and were it not for its personalities we would gladly reproduce it here. The point it seeks to make is to substitute for the Daltonian conception of material atoms that of Roscovich, which regards matter as a congeries of mathematical points of attraction and repulsion. By this means he thinks we may avoid the conclusion to which recent molecular science seems to force us, that matter is not divisible beyond the point represented by our 11th or 12th dilution. But surely the difference between the two conceptions is a mental rather than a physical one. Whether the impressions we receive from matter are the result of bulk or of force, it remains true that these impressions grow fainter and fainter as we attenuate the substance which gives them, until they cease to be appreciable by ordinary sensation, however assisted. It is an unavoidable inference that the impressions we call medicinal must also after a time diminish and disappear; and this whether it be material atoms or centres of forces which attenuation reduces in number. The word “infinite” is surely an assumption in reference to the one as to the other. We cannot, therefore, allow the validity of Dr. Jones’ “superior” criticism of our statement that “the difficulty”—arising from the limited divisibility of matter—“is evaded by some by saying that the atomic constitution of matter is at best only a theory.” We must remark, moreover, that the word “evade,” which has stirred up so much wrath on his part, was employed by us only in its etymological sense of “escape:” it implied no culpability.

New York Medical Times.—Under this title, as we have mentioned, the *quondam* “Homœopathic Times” began to appear (with its ninth volume) in April, 1881.

It makes the change from no failure in allegiance to homœopathy. "It has been the aim," the editors write, "of this journal in the past, and will continue to be in the future, to give that prominence to the law of *similars* which its importance demands." But "it seeks to occupy a place in the ranks of journalism in which it is free to discuss the great questions pertaining to every department of medicine with candour and courtesy. There will be no change in the policy of our journal; as a matter of honesty and good taste we prefer a name which will enable us to look to the vastness of the whole of medical science rather than to a single law, however important."

April.—Dr. Delavan communicates a case of regressive infantile paralysis cured by *Gelsemium* and *Calcarea carb.* (both 3x), with occasional galvanic stimulation. The following is so practical that we give it entire :

Treatment of Ulcers. By A. M. EASTMAN, M.D., House Surgeon.

There is probably not a hospital in the United States where a better clinic of ulcers may at all times be seen than here. We will not encumber this article by an extended table of statistics. Suffice it to say, that during the year 1880, there were 617 cases treated, which may be said to be about the average number per annum. From the fact that treatment is not always followed by brilliant results, and many times, to say the least, is tedious, and from the fact that in many cases the ulcerative process is so extensive as to render ligation or amputation necessary, we will endeavour to give in a limited space a digest of our most approved methods of treatment.

1. All surgeons agree that ulcers may be either constitutional or local. Of the constitutional, the causes may be traced to some well known disease, such as syphilis, scurvy, metallic poison, &c., which have run a regular course, leaving a dyscrasia; or, the disease itself may be actively present, such as paralysis, phthisis, or Bright's.

Here the question might come in whether ulcers should always be healed. My observations indicate that in the two latter diseases, the nearer you approach healing the ulcer or diminishing the discharges by topical means the more rapidly does the disease become fatal. Other constitutional causes may be in-

temperance, or an impoverished condition of the system from deficient nourishment. These causes should be primarily considered in treatment. In all ulcerations the objects to be accomplished are to prevent extension or the formation of slough, to produce a deposit of plastic matter and healthy pus, and to repair by granulation and cicatrisation.

From these stages and their complications there have been based classifications which we will endeavour to avoid, only so far as it concerns treatment. More is to be expected from the indicated remedy than from local applications, though combining the two produces the happiest results.

Many cases have been cured by the internal remedy, water dressings alone being used.

Concerning remedies we will refer the reader to the works of Drs. Helmuth and Lilienthal for indications.

Those principally used have been *Silicea*, which stands foremost for almost any class of ulcer, and has cured them without any other remedy.

Under *Hepar*, unhealthy discharges have been corrected and decreased.

Under *Arsenic*, the burning pains have disappeared, extensive sloughs removed, foul discharges corrected, healthy granulations induced, and the patient built up.

Under *Carbo veg.*, the bluish tinge removed, foul discharge changed to healthy pus.

Under *Asafetida*, the intense night pains disappeared in ulcers over the shins, and the healing process forwarded.

Mezereum similar.

Under *Lachesis*, the sensitiveness has been removed.

Under *Graphites*, unhealthy granulation disappeared.

Under *Secale* sloughs have been removed.

Under *Sepia*, where there were uterine complications, ulcers were cured.

Under *Apis*, the acute inflammation from about the ulcer has disappeared.

Under *Argentum nitricum*, one very indolent ulcer, granulations dark red, scattered over which were grey spots, was entirely cured.

The *Kalis* have been of use. The mineral acids, too, have, in many cases given satisfaction.

The *Iodide of Arsenic*, in many so-called irritable ulcers, where a syphilitic taint could be traced, has been of great service. There are three remedies we desire to speak especially of.

First: *Apium Graveolens* (celery) on which several patients were placed. It seemed to stop a too profuse discharge from the granulations, and cicatrisation would follow. However, in one patient, a young man, whose ulcer was doing splendidly, shortly after taking the *Apium* it commenced to break down, and an extensive gangrenous slough formed. A symptom which nearly all of the *Apium* patients had, was *an intense constriction over the sternum*—in some cases this was accompanied by a drawing feeling extending through to the back, especially on lying down.

The second remedy is *Potassium Iodide*, and its effects on ulcers of syphilitic origin. After the mercurials, *Hepar* and *Nitric acid*, had failed, *Potassium Iodide* healed them up quickly. At first from ten to fifteen grains were given per diem with splendid results. Afterwards the potentised drug was prescribed. In three extensive cases, all ulcerations below the knee, all similar in appearance, having numerous ulcerated holes, surrounding tissues blue, pus thin and offensive, in short, the leg having a honeycombed appearance, all healed up under *Potassium Iodide* 200. Two of them had *Carbolic acid* 1 to 100 locally, the other water dressings. Under *Potassium Iodide*, a very deep ulcer below the malleolus of the tibia was cured.

The third remedy is *Ferri et Potassi Tartras*, which was given where extensive sloughs had formed, with good results.

In every case it has been the endeavour to obtain the totality of symptoms.

Concerning local treatment; position and rest are the two great factors in nearly all cases. However, these seem to have disadvantages. It has been noticed that ulcers on the legs healed by keeping the patient in bed in a horizontal position, soon break down when they begin to walk about, whereas, those healed out of bed break down less easily. On the other hand they healed much quicker in bed than out.

Of the special varieties of ulcers, we will speak first of the sloughing, which is too well known to need description. Some of these have been very extensive, requiring amputation of limbs. Various local measures have been resorted to, such as *Carbolic acid*, *Nitric acid*, charcoal poultices, &c. Poultices will, in many

cases, remove the slough, but if kept on too long they soften the adjoining tissue and another slough forms, when hæmorrhage may result. The application *par excellence* is a saturated solution of *Permanganate of potash*. This deodorises the horrible stench and soon stops the sloughing. A case in point was a man admitted to the hospital covered with vermin; his left leg from the knee to a few inches above the ankle, extending over the entire anterior surface, also involving a portion of the calf, was composed of an immense slough. Radiating in different directions from the ulcer were sinuses filled with maggots. The visiting surgeon pronounced amputation necessary and the day of operation was appointed. The patient was in a very low condition, unconscious a part of the time, stertorous breathing, involuntary stool and urine. The remedy given was *Opium* 3 and locally *Permanganate of potash*. Under this treatment the slough cleaned off and granulations started; soon the patient's condition was much improved; the remedy was changed to *Silicea* 30 and the permanganate wash considerably diluted. The patient is now nearly cured.

Next we will speak of that class of ulcers which have become somewhat excavated and there has been a plastic matter thrown out; then, instead of granulating and cicatrising, the plastic matter forms a dirty white coating, which becomes tough and firmly adherent to its base. The edges are elevated, the discharge thin, and the ulcer becomes a receptacle for dirt. They may remain in this condition for months or years. First, we clean off the dirt with a flaxseed poultice, which also softens and relaxes the tissues, then to displace the plastic matter several applications have been used, *Nitric acid*, *Nitrate of silver*, the knife, &c., but the best application seems to be *Zinc oxide* 1 part to 16 parts of simple cerate, which does the work effectually. One case, in an old lady, proved to be very obstinate. The ulcer was of several years' standing and for many months the plastic matter resisted treatment. The ulcer extended nearly around the leg and dipped deeply. To this case *irrigation* was applied with the effect of not only cleaning the ulcer, but forming healthy granulations and finally cicatrising it. Here let me say that *irrigation* stands at the head in the treatment of ulcers. It seems to form firm granulations, and the cicatrix under the treatment appears to be superior in quality. However, in one

case, where the granulations were purplish, irrigation failed to benefit in the least after two months of the treatment. The method of applying irrigation is to have a receptacle for water a few feet above and at the side of the bed. Extending from this and acting as a syphon should be a piece of rubber tubing, at the lower end of which is inserted a glass tube drawn nearly to a point. Through this the water runs slowly, falling directly on the ulcerated surface, when it is caught beneath by a rubber blanket and directed downward into a second receptacle at the side of the bed. This should be applied from four to six hours a day. After the base of the ulcer has been cleaned by one of the above methods, granulations should be induced. This is assisted by *Calendula* or balsam of Peru (1 to 8 of simple cerate), the balsam being the best in the majority of cases; and this application cannot be too highly spoken of, for its virtues lie not only in inducing granulations, but when they have become flabby, unhealthy, and dark coloured it brings back the desired rosy hue. It has also many times removed the severest pain from ulcerated surfaces. Of the unhealthy granulations at the base of ulcers, we find many varieties as to appearance, and they must all be stimulated. A cabbage leaf has been found to do this in some cases, and now we are trying macerated seaweed. Both of these cause much pain. Another application in similar cases, and especially if there is much foul discharge and the ulcer is deep, is the earth treatment. Fill the ulcer with dry earth and apply adhesive plaster to retain. Similar to the earth is dry charcoal, applied in the same manner. They absorb offensive discharges and induce healthy granulations. The dressing should be changed every twenty-four hours. In ulcers not so deep, *Carbolic acid* 1 to 40 acts nicely. Afterwards apply *Carbolic cerate*. Dr. Helmuth's *Mercurius dulcis* 1x acted well in these cases, so also has the *Mercurius precipitatus ruber*, though the latter often leaves a dry cracked base. In one case where this was used a severe salivation followed, which amounted to three or four quarts per day, at the same time the ulcer became gangrenous. *Hepar* and *Nitric acid* internally did little good, but *Jaborandi tincture* internally, and *Permanganate of potash* locally, cured the salivation, cleaned the ulcer, and started healthy granulations.

A peculiar and novel method of treating a very indolent ulcer,

which we will suppose to be upon the leg, is the following: Cut a plate of copper the exact shape of, and place it over the ulcer, connect this by a copper wire with a second plate of zinc placed high up on the thigh. Each day the copper should be removed and the ulcer cleaned with water or a weak solution of *Carbolic acid*. Ulcers have cleaned up, granulated and cicatrised under this treatment alone. Now, suppose that by one or more of these methods healthy granulations have been obtained, then look well to the edges of the ulcer; cold-water dressings here come in, or you may apply a very weak solution of *Carbolic acid* or *Calendula* wash. To facilitate the formation of a cicatrix, grafting stands pre-eminent, though oftentimes the grafts do not take. Those which are raised by means of a hair beneath which they are clipped, seem to take better than those which have been pierced by some instrument. In speaking of cicatrization, Erichsen says: "The new cuticle is formed at the edge only, and never primarily at the centre of an ulcer, unless islands of old skin be left there undestroyed to serve as centres of cicatrization." Furthermore, Agnew says: "It begins at the circumference and is doubtless determined by contact with the old skin. . . . The supposition that islands or isolated patches of epidermis can form at irregular points over a granulating surface independent of the old skin, is not supported by any well-established cases." Could these gentlemen visit our surgical wards, four cases, all ulcerations of the leg, could be shown, where *islands of cicatrization have formed, seemingly independent of the old skin*. One of these cases was a man on whose leg extensive sloughing, dipping into the muscles, took place. Subsequently to granulating, an island of cicatrization formed surrounded by at least one inch of granulating surface. Locally the ulcer received *Permanganate of potash* and then *Carbolic acid* solutions, the same dressing never being replaced. Suppose now that instead of cicatrization the granulations become large, flabby, gelatinous, and protruding beyond the sides of the sore, then we have the so-called fungous ulcer. Here pressure must be made, which is best done by adhesive plaster, over which a roller bandage should be applied. Unless high up on the leg, bandaging should begin at the toes to produce an even support for the limb. Should the granulations persist, a little loaf sugar or burnt alum may be placed beneath the plaster. If this does not

check them, cauterise with *Nitrate of silver*, or, as has often been recommended, a solution of *Chloral* (12 grs. to the oz. of water). Finally, the shortest and a very satisfactory method is to clip them off with knife or scissors, after which adhesive plaster or a water dressing may be applied.

Concerning syphilitic ulcers the best application is *Iodoform* paste. Formula: *Iodoform* ʒj, *Bals. Peru* ʒij, *Vaseline* ʒviii, or in some cases where the ulcer has a very foul discharge, *Iodoform* powder sprinkled over the ulcer, over which a charcoal poultice may be placed.

As to the treatment of varicose ulcers, *Hamamelis virg.* benefits them. We have tried the elastic bandage in several cases, only to see the ulcer break down and slough. To close our article, I wish to draw especial attention to the fact that many of our cases, even the most indolent, have intercurrently contracted erysipelas, for which they have generally received *Belladonna*, *Rhus*, or *Apis*. Subsequent to the erysipelas in all cases the ulcers have rapidly healed.

Dr. Fanning (corroborated by the editors) has had remarkable results from *Cuprum aceticum*, 3 in cardiac asthenia, where *Digitalis* failed.

May.—Dr. Franklin reports a cure of three out of four cases of lupus exedens by *Hydrocotyle*, 3 internally and 1 locally. He repeats, however, Dr. Helmuth's mistake as to its being this disease in which Boileau reported such brilliant results from the medicine, though we corrected it in our review of the New York surgeon's last edition.

Oct.—Dr. Talcott writes of *Equisetum*—"We have used this remedy at the Homœopathic Asylum in several cases where the patients have suffered from weakness of the bladder, and inability to retain their urine. The urine dribbles away almost constantly, both from relaxation of the sphincter vesicæ, and from mental inattention to the calls of nature. Among male patients, both old and young, the use of *Equisetum*, in the first decimal dilution, has been followed by invariably satisfactory results. Among the female patients, the remedy has produced some good effects, but not so uniformly as when the drug has been administered to males." Dr. Bukk Carleton finds the *Benzoate of*

Soda (which last he always writes *Sodæ*) as effective internally in phthisis as in Germany it has proved in inhalation. He gives it in four-grain doses. Drs. Ordway and Dake write in warm terms of satisfaction with our International Convention.

Dec.—Dr. Alfred K. Hills relates a case of the endemic disease of Brazil, “beri beri,” occurring in a native of that country. He made a complete recovery under *Ignatia* and *Sulphur*.

While we have made but few excerpts from these numbers, we are bound to say that they are unusually full of interesting and useful matter.

United States Medical Investigator.—July 1st.—Dr. Dowler confirms, from his experience, the value of *Actæa racemosa* in rendering labour easy; he gives drop doses of ϕ , three times daily for the last month. The doctor, however, should not call his remedy “a Partus Preparatur.” Dr. J. C. Morgan states that a pledget of cotton soaked in glycerine, inserted into the vagina, relieves pruritus vulvæ at once.

July 15th.—Dr. Boyce states (p. 105) that “Hahnemann, in proving vegetable charcoal, obtained no result until he had reached the sixth potency.” Hahnemann himself states that he made his proving with the third trituration.

August 1st.—Dr. Elder reports a fatal case of *Santonine* poisoning.—“A member of the American Institute (the name escapes me) reported that white peony had the reputation of curing epilepsy. Try it and report.—T. C. D.” This is not the way to advance scientific therapeutics, Mr. Editor. Dr. Wolff sends a somewhat heroic proving of *Piper methysticum*.

September 1st.—Dr. Woodward gives here a revised edition of his paper, “A New Similia,” which appeared in the *Transactions* of our International Convention.

October 15th.—This number gives an account of the new building erected for the Chicago Homœopathic College, and a view of the Cook County Homœopathic Hospital, a portion of which has been placed in the hands of its medical staff. From an exceedingly able address delivered

on that occasion by one of our late visitors, Dr. R. N. Foster, we make the following extract :

You are all aware that homœopathy has been a very great puzzle to a large class of deeply interested persons for about a hundred years. Its funeral has been cheerfully anticipated daily during all that period ; but notwithstanding the amount of "regular" surgery to which it has been subjected, there are still no positive signs of its early demise. Poets have sung its requiem. Prophets have foretold its destruction. Savants have criticised its philosophy adversely. And medical scientists have pronounced it a delusion. At first, as a matter of course, homœopathy was purely a doctrine. Wait, said its opponents, until it is brought to the test of practice. That will end it. But that was the thing which precisely did *not* end it. It grew stronger. Introduced into families it soon made for itself there a domestic stronghold. Wait longer, said its opponents. It may flourish in private and grow fat upon domestic ignorance, but let it be brought to the public test in hospital and other public service ; then it will assuredly collapse. But now for many years homœopathy has been increasingly represented in armies, and public hospitals, and everywhere its history has been the same. Not one word drawn from its practical results in these departments has ever been uttered against it. Furthermore, the death records of great cities are open to the inspection of all men. If homœopathy were a failure in practice those records would show it, and we and our patients alike would desert it in terror. Now, if the theory of any system of therapeutics were to be proved absurd in a hundred different ways, it would not avail so long as the practical results all point the other way. Neither will any amount of demonstration of the scientific superiority of a medical system avail anything so long as practical results fail to attest such superiority. Of course this proves nothing for or against the theory of our school. It simply declares its practical success. In my opinion all medical theories repose upon a substratum or solid earth of science, but soon rise up and expand into the vague and borderless atmosphere of faith, hope, and charity. But there is a good deal more in homœopathy, that will account for its contagious prosperity, than can be found in either its theory or its clinical history. It is really a part of

modern civilisation. It is the therapeutic phase of a movement that has made itself felt especially during the past century in every department of human thought, but which is especially manifest in religion, philosophy, politics, and medicine. During the period in question there has arisen, everywhere in the civilised world, a new element of thought, which has everywhere been, in the best acceptance of the word, radical. In religion this thinking force has been independent, in philosophy universal, in politics republican, and in medicine homœopathic. This style of modern thought, which is essentially a mental revolt against the old order of things, a grand intellectual revolution, divides the mind of the world into two pretty equal parts, one of which loves the old, the other the new, in all things. So well defined are the two great parties in this movement, that one could run through a long list of representative men in religion, or politics, or anything almost, and distinguish them into adherents of the old regime and adherents of the new, as readily as one can distinguish between a formal and courteous gentleman of the old school of manners and the perfect quiet simplicity of the gentleman of to-day.

To state it briefly. There are two types of mind both pretty actively manifest in the life of the world to-day. In philosophy, one of these types tends to materialism, the other to spirituality. And when these two types of philosophers come to choose their medicine, the materialist takes the larger dose. In religion, the same typical difference appears—one class tending strongly towards an orthodox conservatism, the other towards liberalism; and again, when it comes to a choice of medicines, it is the man who questions traditions that takes to the homœopathic globule. There is a notable example of this in at least one remarkably intellectual religious organisation in this country, in which at least ninety-nine per cent. of the members—men, women, and children—are homœopaths. Draw a line between the two political parties of the United States, at least ninety per cent. of homœopaths in the country will be found in one of those parties, and only ten per cent. in the other. Divide the inhabitants of any city into classes, say the educated and the uneducated—or the more intelligent and the less intelligent—you will not find more than five per cent. of homœopaths among the uneducated class. I do not mean to insinuate

that all the wisdom of the world is to be found in either of these two divisions of civilised intelligence. Noble principles are represented by both. I simply call attention as impartially as possible to this sharp division line existing in all departments of thought or work, and to the fact that homœopathy lies substantially only on one and always the same side of this line. In short, homœopathy is the one new, live, aggressive, quite untraditional element in modern therapeutics. All other therapeutic systems are largely traditional, and the traditional mind clings to them. If this be true, it will explain to some the reason of the unexpected delay in the demise of homœopathy. It will also explain, as no scientific hypothesis can, the intense and peculiar antagonism which traditional medicine has so long manifested towards homœopathy. Otherwise there is nothing in any new theory of therapeutics that ought to disturb the serenity of a great school of medicine for a moment. And finally, it will explain why the school of medicine split on a mere theory of therapeutics (as the Christian church once divided on a diphthong), because other branches of medical learning are predominantly scientific; and about the ascertained facts of science there can be no dispute. In therapeutics it is different. Here the exact indisputable facts *cannot* be ascertained. A *scientific* settlement of the dispute is impossible therefore. To illustrate, if every man in this room were asked to state its temperature at this moment, each would be obliged to answer according to his own feeling. A hot man would say ninety. A cold man would say forty. And so on. And doubtless the average of all opinions would be nearly correct. But that is not a scientific opinion nevertheless. A scientific answer could only be given by a thermometer. No man would venture to have an opinion on the subject after the reading of the instrument. That is positive science settling disputes. Well, in therapeutics there is no thermometer that will measure exactly the precise effect of treatment, and we are driven perforce to trust the average of opinion, which so far is largely in our favour. Yet medicine is on the whole a progressive science, and the opposition offered by it to the study and practice of homœopathy was a violation of its own historic spirit and purpose, and the immense "row" (for we cannot call it by any more dignified name) that has been raised about it is one of the anomalies of medical history, and one of the

most serious mistakes it has to record. In other departments the history of medicine is consistent and glorious.

In surgery, from the days of Hippocrates until the present hour, that is to say, for nearly 2500 years, its pathway has been illumined by one continuous succession of brilliant achievements, the very conception of which is an "honour to the human race." Anæsthesia alone is almost equal to another gospel of salvation, by the peace which it has shed over a great world of torture. Obstetrics has so far advanced within the memory of men now living, so complete has become its knowledge of principles, and so perfect are its appliances of means to emergencies, that even the great lying-in hospitals now report one death where formerly they reported ten! Physiology and pathology have shared equally with these other branches in the astounding progress, while the morning newspaper thrusts the principles of sanitary science in house building, draining, lighting, and ventilating, in clothing, eating, sleeping, and working, upon every man's breakfast table. Indeed, this sanitary work has become so engrossing and noisy as to provoke an English physician to ask whether a sanitary life is worth living? He says, "whether longevity purchased at the price of passing a lifetime in running away from death would be worth having, I must leave to be determined by those who set a value on sanitary progress, which I for one fail to recognise. . . . What to eat, drink, and avoid, what to wear, where and how to live, by what means to avoid infection, to keep off disease, and to escape death for a few weary and worried years, are questions which so engross the thoughts, if they do not embitter the lives of the multitude," that the "taxed and harassed community" will be compelled sooner or later to consider whether the whole thing had not better be brought to a close.

I sympathise with that doctor; with him I feel "tired," but yet I think that the net result of the fuss and furor will be a general improvement, organised as a habit and a method, in all that closely affects the sanitary side of human life. At all events, inasmuch as we are here to-night with something of the odour of schismatics about us, I would like, before saying what further I have to say, if I can, to say a fitting tribute of praise and admiration to the work of the great undivided school of medicine, which has lived and laboured so long and covered itself with an historic renown that reaches from Egypt to America. The

more we know of the work done by the medical profession, the better we understand the zeal, the industry, the courage, and the perseverance with which it has ransacked every storehouse of nature in order to learn the laws, causes, and remedies for the physical sufferings of mankind, I say, the more we know of this Titanic toil, the greater grows our admiration for the grand army that accomplished it. And still the noble work goes on. And we who stand before you to-night as physicians, and as educators of physicians, though regarded by some as aliens from the commonwealth of medicine and accursed therefrom for homœopathy's sake, are yet, in our humble way, in every essential form and feature members of the same historic body, and labouring to carry onward our small share of the same unending duty. How far we shall succeed in doing our part, we well know, depends upon how far we shall be able to emulate the zeal and the fidelity and the high purpose of our illustrious predecessors, and likewise depends upon how far *you*, representing the people of this state and nation, shall emulate the people who aided and cherished them. For ourselves we acknowledge no alienship in the matter. We stand firmly upon the broad natural platform of the science of medicine, and we acknowledge our relationship to every man who recognises the fundamental principles thereof. In fact, our history will show that we are the most "regular" of all the regulars in the medical profession. The question between the schools being so largely one of "orthodoxy," this point is important. We have diligently adhered to the time-honoured routine of medical study in all the older elements; we have promptly adopted every new science as it has appeared; we have explored *materia medica* by the one only rational and scientific method—by the only *method*; we have applied the resultant theory; we have succeeded with it. We are now open to every future improvement. Thus beginning with the real apostolic succession as it exists in medicine, and going on to full scientific ordination into the service, we have followed this up by persistent adherence to the legitimate work of the profession to this day. And best of all, the great body of our school is wholly uncommitted to any twaddle about heresy, and so can give its entire energies to legitimate business. If this constitutes regularity, then again we say we are the truly Catholic, strictly orthodox, and only regular doctors now living.

We recognise in medicine a science and an art, both necessarily progressive—not founded on tradition or divine revelation, but on the simple basis of experience, which includes both experiment and study. The medical profession, consequently, is not in our view a priesthood, endowed with authority human or divine, legal or ecclesiastical, real or assumed, to formulate a creed for its members; and to determine what, under pain of excommunication and official damnation, they shall believe or disbelieve in anatomy, therapeutics, and so forth. It is simply a body of men educated, more or less, for a special work; organised into associations, great or small, for the better furtherance of that work. Medical colleges are examples of such associations; so likewise are medical societies, local, state, or national. But in all this there is involved nothing whatsoever but the endeavour to discover by all possible research the laws, the causes, the cures, or the preventions of disease. Now, whether we have become so divinely perfect in the knowledge of these four fundamental elements as to be quite ready to persecute and defame each other for differences of opinion respecting them, let good sense and the facts determine. As to the laws of disease, that is to say, its modes, varieties, periods, course, &c., in a word, as to pathology, a good deal is known. Respecting the causes of disease, we know nothing precisely, and precisely nothing. Neither must we be blamed above all men for this. Professor Huxley doubtless knows a great deal about nettles and the Simian family, but he does not know the *cause* of nettles or of the Simiæ. As to the cures of disease they are in perpetual dispute in every school and always have been. And as to prevention, it is a fact that we have not yet driven any disease from off the face of the earth, or prevented its reappearance when for a time it has been absent. That medical skill and science diminish human mortality immensely we of course know. But half the human race still perishes in childhood—a generation of men still lives, on an average thirty-three years, not thirty-five, much less forty or seventy, just as they did 3000 years ago. While this is so we must maintain that it is too soon for schools of medicine to put on airs of infallibility. It is even too soon for any one of them to try to appropriate all the honours, public offices, and powers and privileges.

November 1st.—This number contains a communica-

tion from a very enterprising gentleman, Dr. Palmer, of Terre Haute, who "operates" on the lungs of his phthisical patients, and relates one case in which he practised "nucleation" of the entire right lung with perfect success! Dr. Danforth's gynecological triumphs, recorded in the same number, are less mythical, but hardly less wonderful.

December 1st.—Dr. Corson points out that infants brought up by hand are commonly underfed; that the doctor directs only the degree of dilution and not the quantity of milk to be given; and that the latter should not be less than a quart a day. Dr. E. M. Hale suggests that *Naja* would seem to be "the nearest *simillimum* we have for purely neurosal cases of angina pectoris, for many of those bitten by the cobra complain *immediately* of agonising pain in the heart, with rapid dissolution."

St. Louis Clinical Review.—The numbers for November and December in the present series are the only ones that have reached us, and 1882 has (up to December 1st) been represented solely by its issue for February. If this is what the editor calls "exchanging," his notions of the process are peculiar.

The two numbers before us contain nothing for notice.

American Homœopath.—This journal is now arriving regularly, and is always welcome.

July.—Dr. Oehme finds *Staphisagria* ϕ , two drops night and morning, of immediate and lasting benefit in many cases of constipation.

August.—*Naja* is a medicine so little employed, that a cure by it, reported by Dr. L. L. Danforth, of New York, is worth extracting.

Mrs. V—, æt. 33, married and the mother of one child, was under treatment last winter and spring. First began to suffer three years previously. Was subject to headaches and pain in cardiac region. Very easily excited; was frightened just before her illness began, and on account of the singular condition resulting therefrom was taken to St. Luke's, and afterwards to Bellevue Hospital. Does not know what the physicians pronounced her disease to be. Remained in hospital only a few weeks and then returned home. Never felt well after that;

suffered from pain in left temple, cardiac and left ovarian region. Patient supposed she had heart disease, but physical examination revealed nothing unusual in the sounds or action of the organ. Had sharp, stabbing pains in cardiac region. *Great mental depression*; countenance wore an expression of sadness; *aversion to talking*; indeed, it was almost impossible to induce her to tell me her symptoms. When thus gloomy her heart symptoms, viz. the stabbing pain and sudden irregular action, were greatly aggravated. Had frequent attacks of violent cardiac palpitation, coming on in the night, compelling her to sit by the open window in order to get relief. Pain in left ovary, simultaneous with pain in heart. *Sensation as if heart and ovary were drawn up together*; a sense of *contraction* or *drawing together* between the organs. Numbness of head and back of neck; would sometimes prick herself with pins and pinch her flesh to see if sensation still remained. Momentary vanishing of sight; felt weary.

After trying many remedies, *Lachesis* particularly, in high and low potencies, without effect, the symptoms mentioned above, especially those italicised, corresponded so closely with those belonging to *Naja* I concluded to give this remedy, and did so, in the sixth potency.

Complete recovery followed in a short time. I did not see my patient after her improvement until several months had elapsed, when her countenance was cheerful and she was free from all unpleasant symptoms.

September.—Dr. Lougee relates an immediate cure of vaginismus by electricity, the negative pole being in the vagina and the positive applied to the sacrum.

Medical Counselor.—July.—Dr. A. F. Randall contributes some further observations as to the possibility of preventing congenital malformations and diseases by treatment of the mother during pregnancy. *Calcarea phosphorica* 1 is his chief remedy.

Sept.—Dr. M. E. Douglass communicates a case of ulcer of the rectum cured by *Silicea*.

Oct. 12th.—(As we mentioned in our last notice the *Counselor* from October, 1881, became a weekly journal, and continued to appear at these intervals till June, 1882, since which it has been issued fortnightly.) The following case, by the editor, seems worth extracting.

A Lachesis Case. H. R. ARNDT, M.D., Grand Rapids, Mich.

In November, 1880, Dr. P. C. O—, a young homœopathic physician, about twenty-eight years of age, of a nervous temperament, requested my services in his own case. His condition at that time is described as follows in a letter recently received from him :

“ Nearly two years ago I was taken with pain in the region of the heart, hacking cough, and spitting of blood. The pain was stitch-like in character, coming on at irregular intervals from one to four times a day, being so very acute I could not take a breath for several seconds, when the pain would cease in an instant and leave nothing to remind me of its presence. The cough was quite constant while about during the day and for some time after retiring, but gave me only little trouble through the night. The quantity of blood which I raised was small, varying from one teaspoonful to four times that amount, but occurred nearly every morning upon rising. The pain about the heart continued to grow worse, until, about one year ago, I was taken with a spasm, in which my jaws were fixed, throat constricted, rendering breathing very difficult, with opisthotonos and over-tension of all muscles ; but I never lost consciousness for more than a second or two at a time. These attacks appeared to take the place of the pain in the heart, only that they lasted longer. I tried everything: *Belladonna*, *Cuprum met.*, *Nux vomica*, *Morphine*, *Alcohol*, *Quinine*, and others, without getting relief. *Chloroform* would ward off an attack, but as soon as I came out from under the influence of the drug I went into a spasm.”

To the above I may add that the patient, by inheritance, was somewhat predisposed to lung trouble ; the cough was accompanied by expectoration of mucus, at times tinged with blood. Upon physical examination I detected no serious organic changes in the lungs, and nothing abnormal about the heart.

The patient used tobacco quite freely, and has taken other stimulants.

The prominent feature of the case as first presented to me consisted of the daily recurring spasms ; the patient's description of symptoms, as then given, seemed to point to *Strychnia*, and since he was anxious to have me prescribe without delay, he received *Strychnia* 3x, three times, I think, each day. This

remedy was continued for three weeks, but no improvement resulted from its use.

About one month from the time of the first consultation Dr. O— called again. He looked worn and haggard, undoubtedly as much from mental suffering, dread of continued ill-health, and the feeling of insecurity which ever accompanies all cases of sudden spasmodic seizures. Upon re-examining the case I was told that the spasms were always preceded by an intense, keen pain darting in a zig-zag course, like chain lightning, from the upper sternum downwards and to the left, accompanied by a feeling of general distress in the chest, until the pain centred in the heart, when the spasm would set in immediately. While talking to me the doctor turned very pale, became restless, and, putting the hand to his throat, remarked that he would soon have a spasm. Empty swallowing commenced, the pulse became full and somewhat irregular, breathing more and more difficult as the chest pain increased, and gradually the body bent backward, resulting in complete opisthotonos. During this time the heart's action was very violent, but now the irregularity of the pulse-beat had become very slight; the face was of a livid colour, but there was no distortion of the features, save an expression of intense physical suffering. Consciousness was perfect. The most prominent feature of the case consisted in convulsive action of the cervical muscles, causing the patient to tear and grasp his throat in a most distressing manner. After about four minutes' excessive suffering the breathing became easier, the body less rigid, the muscles of the throat relaxed, and recovery had taken place.

Upon recovering his seat, the doctor remarked that the pain in the chest and heart had not quite left him, and that he would probably have a second attack. He was quite correct. The expected attack came on in about fifteen minutes, continuing as long as the first; the symptoms were an exact repetition of the former, and equalled it in severity.

After recovery from the second attack the chest-pain still persisted, and a third seizure, again a repetition of all the painful details of previous seizures, followed within a little more than an hour from the first paroxysm. The chest-pain then disappeared, and the doctor left my office after an hour's rest.

I was not able to find a remedy with the chest-pain just as

described by the patient; the convulsive action of the muscles of the neck, the terrible choking resulting from it, and the whole picture of the man as he lay before me, reminded me of serpent-poisons. He received *Lachesis*.

During the month following its selection, the patient, in due season, reported that two or three night attacks had come on, one or all of which he had warded off by the inhalation of small doses of *Chloroform*. There was a marked improvement in his general condition; the pain in the heart had nearly wholly disappeared, and there had been no bleeding. On July 14th, 1881, he writes: "The spasms became less severe, and finally disappeared altogether, so that now, with the exception of a very light pain about the heart, I am entirely free from my old trouble."

It may be of interest to state that *Lachesis* 30 acted promptly, but the remedy seemed to afford less relief when taken in the 200th (Dunham) as advised by me.

It is but fair to state that the patient is very excitable; excitement had repeatedly brought on the attacks described. He is also somewhat careless and has a slight tendency to irregularity in his habits. During May and June, 1881, he travelled about a good deal, taking no medicine, eating irregularly, sleeping at odd hours, and often going without the necessary amount of sleep. He has also, since coming under my observation, used freely, at times, both tobacco and other stimulants, without having had a recurrence of the old trouble. His appearance, when I saw him last, a few months ago, was that of a hale, hearty young man, the measure of whose health would depend almost entirely upon the measure of wisdom displayed in taking care of himself.

Oct. 19th.—Dr. C. Demuth gives the following summary of his experience in the intermittents of a season:

"The number of cases, remedies, and potencies, and the number of paroxysms following the first administration of the selected remedy were as follows:

"*Ars. alb.* 4x tr., 5 cases, no paroxysm; *Cina* 2x tr., 1 case, no paroxysm; *China* 1x tr., 3 cases, no paroxysm, 1 case, 1 paroxysm; *China* 3x tr., 1 case, no paroxysm; *Eupat. per.* 1x, 5 cases, no paroxysm, 3 cases, 1 paroxysm; *Natr. mur.* 3x, 1 case, no paroxysm; *Natr. mur.* 30, 2

cases, no paroxysm, 1 case, 1 paroxysm; *Chinin. sulph.*, 2 cases, no paroxysm; *Eup. per.* lx, and *Merc. bin.* l, in alternation, 4 cases, no paroxysm, 3 cases, 1 paroxysm."

Nov. 16th.—A case of neuro-retinitis is here given by Dr. Vilas, recovering under *Merc. vivus* 3x.

Nov. 23.—This number contains an interesting paper by the editor, entitled "The Duration of Dose viewed in the Light of Clinical Evidence." He goes through Rückert (1822—1858), Raue (1870—5), and a recent file of American journals, and arrived at the following conclusions:

"1. The *great* bulk of homœopathic practice, from the time of Hahnemann to the present day, has been done with low attenuations.

"2. The prescriptions of low-dilutionists show at least as much skill in prescribing correctly and individualising closely as do the prescriptions of high-dilutionists.

"3. It is a fallacy to presume that the present position of homœopathy is due to the labour of men who advocate the exclusive use of high potencies in the treatment of the sick.

"4. High-dilutionism, as such, is not gaining in the number of its converts in the ratio with which the membership of the homœopathic school is increasing. An examination of the cases reported as cured by high dilutions shows that a comparatively small number of men furnish an unusually large number of clinical verifications and reports, and that high-dilutionism is kept prominent before the profession by the organised and persistent labours of a small but determined minority."

Dec. 7.—The following case, by Dr. F. H. Foster, is a pendant to that published by Dr. E. Blake in the *Practitioner* (Sept., 1877).

Mrs. B—, a middle-aged lady, consulted me with reference to what could be done for the appearance of her eyes. For two years she had noticed an increasing prominence in her right eye, and about fifteen months later the left began to protrude in the same manner.

At the time of my first examination the right eye was very prominent and staring, the showing of the sclerotic between the

superior margin of the cornea and the upper lid measuring nearly two lines. The characteristic innervation of the upper lids, whereby they are unable to follow the eyes when looking in a downward direction, was noticeable in both eyes. On the right side the exophthalmos was of such a degree as to render it impossible to completely close the lids, even with strong muscular effort. There was a chronic hyperæmic state of the ocular conjunctiva, and during marked abduction of the eye it would appear as a little roll or welt against the margin of the lids. This appearance was likened to "blisters" by the patient. The cornea, though lacking in sensibility, was not entirely anæsthetic. The optic axis deviated slightly outward. This lack of parallelism was measurable by prisms, though there was no diplopia or asthenopic symptoms from this muscular insufficiency.

The left eye was quite prominent, the sclerotic being visible above the superior margin of the cornea, but the eyelids could be closed. The sight was perfect, and an ophthalmoscopic examination showed nothing abnormal in the fundus.

The neck was unusually full over the region of the thyroid gland, though there was no well-defined tumour.

Hypertrophy of the heart existed, and the pulse ranged from 100 to 110. She suffered almost constantly from dyspnœa, and was obliged to be extremely cautious in regard to physical exercise or mental emotion. Any unusual excitement would be manifested by a deep red, angry flush, which would spread over the face and neck, and a greater prominence of the eyes. As the cutaneous redness disappeared, it would be followed by a copious perspiration. *Nitrite of Amyl* was administered by inhalation every alternate day for about four weeks.

At first the dose was three drops, which was poured on a small bit of cotton in a drachm vial and held to one of the nostrils, the other being closed. The influence on the heart could be noticed almost instantaneously, the pulse increasing from fifteen to twenty beats per minute. The breathing at the same time became laboured and more hurried; the face flushed and the conjunctivæ injected. These inhalations would last from one to two minutes; in from ten to fifteen minutes after they were suspended the heart beat was slower, respiration easier, and a glance was all that was necessary to detect a marked diminution of the exophthalmos.

At the end of four weeks the protrusion was scarcely perceptible in the left eye; on the right side there is still some prominence, not only of the eye but the contents of the orbit. The eyeball has, however, receded so that no portion of the sclera is visible above the cornea; there is a normal sensibility of that structure; the innervation of the superior lid no longer exists, and the eyelids can be completely closed.

There is undoubtedly some existing hypertrophy of the orbital connective tissue, though I believe an early use of the *Amyl nitrite* would have prevented that. It must be remembered that the commencement of the exophthalmus dated fifteen months earlier on the right than on the left side. Three months later the patient was examined, and there had been no tendency to any recurrence of the eye trouble. She suffered less from the dyspnoea, and there was a marked improvement in the action of the heart, the pulse being reduced to 90 beats per minute.

Dec. 14.—Dr. A. S. Hutchinson has had very favorable results in chronic nervous headaches with *Zincum metallicum*, 3rd to 6th trituration.

Dr. Arndt's translation of the *Materia Medica Pura* has ceased to appear since the hebdomadal issue of his journal.

Homœopathic Journal of Obstetrics.—Aug.—Dr. E. M. Hale reports some success with *Jaborandi* and its alkaloid in the salivation of pregnancy.

Nov.—Dr. P. P. Wells in the present number curiously enough employs this journal as a vehicle for expressing his thoughts about our International Convention of 1881. These, from his standpoint, can hardly be favourable, though his character robs them of bitterness. We must solicit his correction of one statement. He reminds us, that when the N. Y. State Hom. Society defined *similia similibus* as a rule instead of a law, he protested against it as "a crime against science." He continues—"my judgment was then objected to by the excellent and genial friend who has just presided at this last Convention, because, he said, 'that is just what I have been doing all my life.'" He goes on to say that he thought it needless to reply to such an objection, as no example, however excellent, can alter the complexion of a crime. Now if he will look again at Dr.

Hughes' letter* Dr. Wells will see that the writer only cites his own practice as a reason why he should take up the cudgels on behalf of the "rule" view; but then goes on to support it by a series of arguments, among which was Hahnemann's own usage.

Homœopathic Physician.—This new journal, which we introduced in our last notice, continues to be published regularly. The character of its homœopathy may be inferred from a statement in its July number (p. 280), that the conditions and concomitants of the sufferings induced by a drug "give a proving almost its entire value," and that it is "chiefly in these elements of morbid and drug action that the likeness is to be sought and found which cures"! That is, it is more important to secure similarity in your adjective than in your substantive. Again, in the same number, Leila M. Rendell, M.D., relates a proving of two doses of *Amm. carb.* 1 m. (Fincke), taken at an interval of 27 days. On the 72nd day, "being completely exhausted by the severity of the symptoms, and having become very thin and weak," she took *Lachesis* c. m. (Fincke) as an antidote, and soon regained her health. A list of 211 symptoms follows. The knowledge of British homœopathy possessed by these gentlemen may be gauged by a statement of another of their leaders (p. 353)—"The disgraceful treatment of Lord Beaconsfield by Dr. Kidd caused the British Congress to repudiate him—not that they were less crude than he."

We have only to note, before leaving this journal, that its promoters are quarrelling among themselves about the use of "nosodes," Drs. Swan and Berridge being in their favour, Drs. Wells and Lippe against them.

Medical Coll.—This miniature quarterly seems to meet a need, for it has continued to appear up to the present time, though the numbers for Oct., 1881, and for Jan. and April, 1882, have failed to reach us. In that of July, 1881—the only one therefore which comes under notice at present—we find the following real contribution to our knowledge.

* Law or rule? *North Am. Journ. of Hom.*, Nov., 1878, and *Brit. Journ. of Hom.*, April, 1879.

Tobacco Amaurosis. By JAMES A. CAMPBELL, M.D., St. Louis.

The question as to what influence tobacco has upon the eye is one which frequently comes up. Without dissent it is generally admitted that tobacco smokers, snuff takers, and they who are engaged in the manufacture of tobacco, are liable to local conjunctival irritation and sometimes inflammation, directly traceable to the local influence of the weed.

Further than this, it is also believed by many high authorities on the subject, that the use of tobacco, from its toxic influence, may produce functional and, at times, organic derangement of the nerve of vision.

To this latter distinctive form of eye trouble the term tobacco amaurosis has been given. And although the existence of such a condition from such a cause has been warmly opposed by no less distinguished writers than Soelberg Wells, Carter, &c., the objections urged, which by themselves might seem quite convincing, are based altogether entirely upon theoretic grounds, and are opposed by such other high authorities, and an array of so many stubborn facts, that "Tobacco amaurosis" has earned a fixed place in the nomenclature of eye diseases.

Two recent cases coming under my care may be given in brief for example and confirmation.

CASE 1.—Herman B—, æt. 38, by occupation a bar-tender. Never had any trouble with his eyes until about six months before he came to me; then for the first time noticed that his sight began to be a little dim, as if a light shade were before him. He could not see at a distance as well as formerly. The eyes were a little sensitive to light, especially gaslight. Did not sleep quite well—was rather nervous. Smoked ten or twelve cigars each day, drank a little also, but not very much. Examination showed that his vision was $\frac{2}{8}$, which was not improved by any glass. The ophthalmoscope showed the optic disc a yellowish, dirty pink, with blurred outlines. Retinal veins full, arteries diminished in size, with a dark red fundus. The case was diagnosed tobacco amaurosis. The use of tobacco in any form was forbidden, and *Nux vom.*, 3rd trit., given three times daily. He made rapid progress for the better, and when last examined, after about six weeks, was fast approaching a normal condition.

CASE 2.—John D—, æt. 42, cigar maker. Eyes began to fail him a few months before I saw him. A dimness before the sight, could not see things so well as before; not much, if any, pain. Appreciated that vision was gradually growing worse. Had used tobacco for many years, “smoked a great deal.” Examination showed vision to be $\frac{1}{8}$, not benefited by any glass.

The ophthalmoscope revealed changes in the fundus similar to those described in Case 1, but the discs were not so discoloured, and were of a deeper red colour.

Tobacco was prohibited, and *Nux v.*, 3rd trit., given as before. The result was a steady improvement for the better, until in about two months the vision was again normal.

Now comes the confirmatory part of it. The patient had always expressed himself against the theory that tobacco was the cause of his trouble, because he had used it all his life with no previous bad effects. Having full faith in his own views, strengthened probably by his own desires, he again commenced the use of tobacco, but found that after about six weeks his sight again commenced to be affected. Convinced at last, he applied for treatment a second time, which was followed by the same success which attended the first.

The Clinique.—As we have hitherto omitted to make *excerpta* from this excellent journal, and have a file of it on hand, beginning with January, 1880, we will keep it for the Index to the journalism of the past year which we propose to give in our next number.

The *Homœopathic Courier* seems to have ended its existence with the “College” it was designed to represent.

[Dr. Elias C. Price asks us to correct an error in our report of a paper of his on p. 70 of our number for Jan., 1882. For “Potass. iod.” there we should read “Ferr. iod.”]

PATHOGENETIC GLEANINGS.

Bulletin de Therap., vol. i, p, 102. *Poisoning by Belladonna.*

—Quite recently a physician of the Hôtel-Dieu prescribed for a child of fifteen years two grains of *Belladonna* in a case of whooping-cough. By a mistake of the druggist the two grains were transformed into two drachms, which were taken, and the child expired in some hours in a state of narcotism, out of which nothing could draw it.

P. 131. *Poisoning by Verdigris.*—A man who, within a short time, had made four attempts to commit suicide, and who was placed in the Hôtel-Dieu for the mending of his lower jaw which he had fractured by a "pistol-shot," there attempted for the fifth time to put an end to his days. For this purpose he swallowed a certain quantity of wine in which he had allowed five large sous to macerate. The accident being recognised in time he was forced to drink large quantities of an albuminous liquid, which caused the expulsion of the copper salts by vomiting. The patient is out of danger, but besides the fractured jaw he has at present a very acute gastric irritation; met with proper measures this will easily yield.

V. iii, p. 280. Experiments undertaken by Dr. Postel to test Orfila's conclusion, from his experiments, that sugar exercised no chemical action on *Verdigris* which has been introduced into the stomach.

Two dogs, of strength and size almost equal, were procured for this purpose. Into the stomach of one of them he (Dr. Postel) introduced, by means of an œsophageal tube, a drachm of *Verdigris* dissolved in four ounces of water. The same dose of *Verdigris* and water was injected into the stomach of the other, and by the same means. Some instants after the injection of the poison these two animals whined and had a vomit and a stool lightly coloured blue. He then introduced into the stomachs of these animals, always by means of the sound and at different

times, in the one case a large quantity of albumen, in the other a large quantity of water saturated with brown sugar. After some vomiting and stools these animals appeared quiet enough, they drank the water left for them; he left them. That to which the albumen had been administered died in the night. On opening the body the digestive canal, and particularly the stomach, were found considerably inflamed; the stomach presented several ulcerations. The other animal recovered in a few days.

Struck with the difference between his results and those of Orfila, who found sugar of no avail and recommended albumen as preferable for chemical reasons, he next performed experiments in Orfila's way, tying the œsophagus after administering the poison.

1. M. Postel injected into the stomach of a large strong dog thirty grains of crystallised *Acetate of Copper* dissolved in two ounces of water. Shortly after, four ounces of brown sugar suspended in four ounces of water. He tied the œsophagus. The animal remained twenty minutes without showing anything unusual. It had two stools, feebly coloured blue. It uttered no cry, no complaint. Two hours after the injection of the poison the animal appeared prostrated and made no effort to vomit. It died three hours after the operation.

The autopsy (made fifteen hours post mortem) showed as follows:—Cadaveric rigidity strongly pronounced. The œsophagus, as far as a certain distance from the ligature, presents the symptoms of the most violent inflammation without any other alteration. The stomach contains a considerable quantity of liquid having a very pronounced green tint, and only presents slight traces of inflammation near the cardiac orifice. Towards its great *cul-de-sac* (curvature?) there are greyish marblings. The mucous membrane, a little thick, is removed with the greatest facility. The rest of the digestive canal presents no alterations; it is in the normal condition. The trachea and bronchi present nothing in particular. The lungs are engorged; the heart full of clotted blood. The uterus, enclosing the fruit of conception, presents a liquid strongly coloured blue; the placenta strips off with ease and presents the same colour.

2. Shortly after, he injected into the stomach of a dog of the same size and the same strength an equal dose of crystallised

Acetate of Copper dissolved in the same quantity of water, and four whites of eggs suspended in three ounces of water. The œsophagus was tied. The animal had frequent endeavours to vomit and several stools, slightly coloured blue, as in the aforementioned observation. He did not succumb till five hours after the injection of the poison.

The autopsy (twelve hours post mortem) presents the following:—*Œsophagus* red and inflamed; stomach, containing alimentary substances, coloured green; great curvature presenting considerable redness; mucous membrane thick, and stripping off easily; the rest of the stomach presenting no notable alteration. Intestines normal; thorax containing in its cavity an abundant watery liquid; serous membrane covered with an albuminous layer, analogous to the pseudo-membranes. Lungs strongly inflamed, gorged with blood, tearing with ease. Heart containing clots of blood, very remarkable for their firm consistence.

Copper salts were found in the fluid contents of the stomach, and in the first case the liquor amnii contained also copper, but in very small quantities.

Vol. viii. *Poisoning by Tincture of Colchicum seeds*.—Taken from “a German journal,” there reported by Dr. Andrea, of Magdeburg.

Two men, employed in a Magdebourg pharmacy, drank under the idea that it was *Tincture of orange* a certain quantity of *Tincture of Colchicum* seeds, prepared according to the directions of the Prussian Pharmacopœia with five ounces of the seeds to two pounds of alcohol. One, who only drank a little of the tincture, had violent vomiting, diarrhœa, and abdominal pains; he was prostrated for two days, but recovered. The other, who took a little more than an ounce, died at the end of thirty-nine hours, after presenting the most remarkable symptoms.

Three or four hours after the ingestion, constriction of the epigastric region, oppression of the chest, difficulty of the respiration, burning heat of the mouth, difficulty of deglutition, desire for cold drinks, alternations of chills and heats, anxiety, frequent and painful vomiting, of a yellowish-green colour, abundant, mucous, fetid stools of an orange-yellow colour, almost continual. At the close of the day the extremities became cold, the eyes became hollow, the pupils contracted, the pulse became weak, small, and irregular; the anguish and agitation increased. The

patient complained above all of acute pains along the back and to the two heels, which persisted until his death. Intelligence was intact to the last moment.

Milk, emollients, poultices, were alone employed. No autopsy was made.

Vol. xii, p. 359. *Poisoning by Sulphate of Copper*.—A dyer, æt. 40, came to La Charité in the afternoon, having taken voluntarily an ounce of *Sulphate of Copper* in solution. The man was suffering from violent colic, and yet he had been able to come on foot to the hospital. He had frequent and painful vomitings of bluish matters. Lying in the ward of M. Andrea, he refused any kind of explanation of the nature of the poisoning, and the cause which had led him to this act of despair. He was made to swallow an abundance of *Carbonate of Magnesia*, but, as might have been expected, this salt had no effect on the copper preparation, and the subject died in the evening.

Autopsy.—Œsophagus livid red. The stomach, in its whole extent, of blue colour that would not wash off; beneath this coloration the mucous membrane was of deep red. The whole intestinal tube from one end to the other was of a uniform wine-red, and bore the trace of a violent inflammation.

Vol. xvii, p. 195. *Poisoning by Nitrate of Silver*.—Cured by common salt.

On the 23rd of June a youth, who had long been employed as a pharmacy boy, æt. 21, was brought at 1 a.m. to the St. Louis Hospital in a state which seemed to indicate imminent death. He was completely unconscious, without sensation in any part of his body; the upper limbs and muscles of the face were agitated by convulsive movements; the jaws were strongly clenched, eyes turned up, pupils very much dilated and insensible to light.

The declarations of the persons who brought him, a remnant of liquid which presented the physical characters of *Nitrate of Silver*, and above all the large stains which the *Nitrate of Silver* had caused on the fingers of the patient, left no doubt as to the nature of the poisoning. At once, every quarter of an hour, a glass of a solution of sea salt was administered, in the proportion of half a drachm of salt to an ounce of water. At the end of an hour and a half a sensible improvement was apparent in the patient's state; the pupils were less dilated, the convulsions and clenching of the jaws had ceased. The use of the saline solution

was continued for five hours more. At this point the sensibility was a little less blunt. The patient experienced very severe epigastric pains. It was only at midday, eleven hours after his entrance to the hospital, that the general sensibility of the body returned and the patient recovered his speech. At 3 p.m. he fell into a profound coma, with insensibility and loss of intelligence; this state lasted two hours. Similar comatose seizures were repeated on the 24th and 25th of June. It was not till the end of that day that his state became altogether reassuring. Nothing interrupted his convalescence, and he left on the 29th of June, presenting only very slight epigastric pains.

The patient said he had swallowed eight drachms of *Nitrate of Silver* suspended in black currant natifia. This dose appeared to us exaggerated; it is, however, certain that the quantity of silver ingested must have been considerable, for at 5 p.m., that is to say, eighteen hours after the poisoning, the patient having vomited on his clothes and the covering of the bed, the matter had blackened the prints which they had touched, and M. Pomarade, who treated two of these stains with caustic ammonia diluted with water, and the liquor filtered and saturated by an acid, obtained a grain of the *Chloride of Silver*.

CORRESPONDENCE.

Sulphur in Ague.

To the Editors of the 'British Journal of Homœopathy.'

GENTLEMEN,—You will, I know, pardon my directing attention to M. d'Abbadie's recent revelations concerning the prophylactic powers of *Sulphur* over ague.

My observations regarding the homœopathic relationship between the action of *Sulphur* and the effects of intermittent fever are too well known to your readers to need repetition. My sphere of practice has not afforded me an opportunity of pursuing the matter further; meantime it is satisfactory to know that as science advances the fact becomes increasingly obvious that there exists a very pronounced relationship between the

agueish diseases and *Sulphur*, a relationship as pronounced as that known to exist between cholera and *Oxprum*.

I have been accused of bringing *Sulphur* forward as a remedy for all kinds of intermittent fevers, Dr. Lall Sircar particularly insisting upon my having done so; this is not in the least a just accusation, but what I have done and hope to continue to do, is to insist upon it that there is a more than ordinary homœopathic relationship existing between this most potent drug and the effects of malaria, and also that *Sulphuric acid* possesses much of the influence claimed for *Sulphur*.

Most truly,

ROBERT T. COOPER.

M. d'Abbadie's communication is thus commented upon in the *Echo* of 28th September, 1882 :

"Science is the most catholic of all knowledge and pursuits. There is a happy disposition among scientific men the world over to make known any discovery which will tend to benefit their race; and it is one of the happy functions of the press to give a widened publicity to any announcement of importance which a scientist may make. M. d'Abbadie has made a communication to the French Academy of Sciences which claims this service at our hands; and, although it does not much concern Englishmen who stay at home all their lives, it does very vitally concern many of our foreign settlements. The topic of the Frenchmen's address was how to prevent marsh fevers. The facts have been observed by travellers that the elephant hunters in Ethiopia brave with impunity the most unwholesome airs, and that they are in the habit of fumigating their bodies daily with sulphur. This led to the question being asked whether persons subjected involuntarily to emanations of sulphur in districts where malaria prevails enjoy good health. Inquiries were put to Professor Silvestri, of Catania, Sicily, a district famous for its sulphur mines, and he replied that intermittent fever was never fatal in that district. In the surrounding villages 90 per cent. of the population were attacked by the fever, but in the sulphur-producing villages the proportion was only from 8 to 9 per cent. Indeed, in one part of Catania a numerous colony of workpeople live about the sulphur mines, whereas a neighbouring village, although upon a higher level, has been entirely deserted, its inhabitants having been driven away by the fever. These statements deserve attentive consideration by the authorities on the West African coast."

OBITUARY.

DR. BAYES.

It is with sincere regret that we have to record the death—all too early, for he was not yet 60—of one of the most active and fruitful workers for homœopathy our country has ever possessed. Dr. Bayes had for some years suffered at times from rather severe occipital headache, and it was mainly this which led him to retire from London practice early in 1881, and seek comparative repose at Brighton. The symptoms, however, too ominous, foreboded arterial disease there, and he succumbed in a few hours, on December 8th last, to an attack of cerebral hæmorrhage.

Dr. Bayes commenced practice on the ordinary plan in 1844, and even before his conversion to homœopathy was not unnoted in the profession, having been Physician to the Brighton Dispensary, and author of a treatise entitled 'The Triple Aspect of Chronic Disease.' On his adoption of the method of Hahnemann (in 1856), he settled in Cambridge, where he practised nine years, thence removing to Bath, and finally (in 1869) to London. Of his literary activity during the years from 1856 to 1876 this Journal, as well as the *Monthly Homœopathic Review* (on whose editorial staff his name for a short time appeared) and the *Annals* of the British Homœopathic Society, afford ample evidence. His chief practical observations were gathered up in a volume entitled 'Applied Homœopathy; or, Specific Restorative Treatment,' published in 1870; but he also contributed much clinical material relative to the use of *Hydrastis* in cancer, and of *Baptisia* in low fever.

The work, however, by which our late colleague will be best remembered is his endeavour to found a permanent teaching of the method of Hahnemann in the metropolis. In our article, "A School of Homœopathy for London," in the number of this Journal for April, 1876, we have recounted the history of this undertaking, and it will be seen that his name stands *facile*

princeps among its promoters. When, as we urged, it was determined that a school should be formed, he gave himself heart and soul to the task of its organisation and support. The amount of money collected for it was something remarkable, and nine-tenths of what was subscribed was due to his exertions and influence. Some of his colleagues have differed from him as to the policy adopted by the managers of the institution, in which his influence was deservedly paramount; but they have never questioned the purity of his motives or the zeal and devotion of his conduct. If homœopathy should continue to be regularly taught in London, it will be Dr. Bayes to whom the merit is owing.

Of our late colleague's private life this is not the place to speak. His associates ever found him most winning and kindly; his intimate friends valued him in no small degree. We understand that a movement has been set on foot for endowing a bed or beds in the London Homœopathic Hospital, or getting up some other testimonial in his memory; and we feel sure that the response thereto will not be slack.

Dr. Bayes received his medical education at University College. He was a Member of the College of Surgeons and an Extra-Licentiate of the College of Physicians; besides which, he had the M.D. degree of Lambeth. He was a Fellow, and in his turn Vice-President, of the British Homœopathic Society, and Honorary Secretary of the London School of Homœopathy from 1877 to 1881, when, on his resignation, the office of Vice-President was specially created in his favour. In 1875 he presided at the British Homœopathic Congress, held that year in Manchester, being the sixth in occupation of its chair since its revival in 1870—a sufficient evidence of the estimation his work had given him among his colleagues.

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The Homœopathic Physician's List. Boericke and Tafel, New York.

A Contribution to Gynecological Surgery. By W. T. HELMUTH, M.D. New York, 1882.

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Otis Clapp and Son's Visiting List and Prescription Record. Transactions of the American Homœopathic Ophthalmological and Otological Society. Sixth Annual Meeting.

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The Medical Counselor.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE ACTION OF DRUGS UPON THE EYE.

By Dr. HUGHES.

LECTURE III.

OUR first eye-medicine to-day is a very appropriate one in this relation. It is the "eye-bright,"

Euphrasia.

The name of this plant in other languages than our own refers to its healing power over the visual organs; thus, in German it is *Augen-trost*, and in French *casse-lunettes*. Its reputation of this kind is also witnessed to by its mention in poetry. Milton makes his Archangel, in *Paradise Lost*, when he would clear the sight of our first parent,

"purge with *euphrasy* and rue
The visual nerve, for he had much to see;"

and Shenstone writes—

"Yet *euphrasy* may not be left unsung,
That gives dim eyes to wander leagues around."

Hahnemann proved and employed it, and came to the conclusion that "it was not without reason that the plant received the name it bears."

He speaks of the unmerited disuse into which it had fallen in his day; and it is not otherwise in our own, save in the school which calls him master. There the drug has found and still finds constant employment. Its chief action is upon the conjunctiva, which it affects in connection with the whole^r upper part of the respiratory mucous membrane. It is a catarrhal process which it sets up there, with the usual objective and subjective symptoms. The irritation seems to extend to the lachrymal glands, as the tears are very abundant, and in one observation of Hahnemann's are characterised as "biting." I cannot find in the pathogenesis of the drug that which Dr. Dunham describes—"the tears are very acrid, excoriating the lids, which swell and ulcerate on their margins, and causing inflammation and even suppuration of that part of the cheek which is kept wet by them;" though such phenomena, when occurring in disease, may well indicate it. For me, *Euphrasia* is the one remedy for simple acute conjunctivitis when the eye is moist, *Belladonna* taking its place when dryness is present; and Jousset, Angell, and to some extent Allen and Norton, agree with me in this estimate of the medicine. *Euphrasia* acts upon the cornea only when this is secondarily involved in conjunctivitis, but under such circumstances is highly efficacious in removing its active ulcerations and secondary obscurations. It thus plays an important part in the treatment of strumous ophthalmia,—lachrymation (which may be acrid) and profuse secretion here as in catarrhal inflammation being its characterising features. In this it resembles *Arsenicum*, but its discharges are thicker than those of that drug.

The indications in the pathogenesis of *Euphrasia* of deeper action than on the conjunctiva are obscure. But Dr. Dudgeon has communicated to the *British Journal of Homœopathy** two cases in which a rapid cure of rheumatic ophthalmia (sclerotitis and iritis) was effected by it, after other remedies had failed. I would refer you also to an interesting paper by Dr. Robert Jackson in the

* Vol. xxii, p. 355.

Medical and Physical Journal for 1810. He there relates several cases where chronically impaired vision, co-existing with signs or feelings of disorder in the eyeballs of various kinds, was greatly benefited by an infusion of the plant.

My next medicine is one of comparatively recent introduction into homœopathic practice, but which has already taken a high rank therein, the yellow jessamine,

Gelsemium.

The effects of this drug have been ascertained by many (American) observers of the school of Hahnemann, whose results (with symptoms from cases of poisoning) are collated by Dr. Allen in his *Encyclopædia*: they have also been studied of late in this country by Drs. Ringer and Murrell.* They closely resemble those which we have lately seen in *Conium*, and—as with that drug—the ocular muscles are among the earliest to feel the paralysing influence. Ptosis, however, is more marked than defective power of accommodation of vision, and diplopia is far more constant. This last has been found to depend upon loss of power of the sixth nerve, which (as you know) animates the rectus externus, and is specially affected by the drug. Its paresis probably accounts for the “confused vision” so often mentioned by the provers (S. 152—159 of Allen). The symptoms come on about an hour and a half after administration.

The behaviour of the pupils under the action of *Gelsemium* seems at first sight somewhat puzzling. In poisoning cases, they are dilated and insensible to light. Drs. Ringer and Murrell found the same condition set up by dropping the fluid extract into the eye; but its internal employment, in the moderate doses used by them, caused the pupil to contract. This would at first seem like an opposite action of large and small doses; but the observations of Dr. Tweedy† suggest a different explanation. He found the application of the alkaloid *Gelsemia* to cause

* See *Lancet* for 1875-6.

† *Lancet*, 1877, i, 832.

at first ciliary (not conjunctival) injection, with slight contraction of the pupils: then ensued dilatation, whereupon the hyperæmia disappeared. Putting this together with the pain in the brows and eyeballs experienced by Drs. Ringer and Murrell's provers, it would suggest that their contracted pupils were connected with a certain approach to congestion of the ciliary vessels, of which we have several analogous symptoms in the brain and spine.

Dimness of sight has often been experienced after full doses of *Gelsemium*, and even blindness. Except in cases of poisoning, the disorder of vision is probably due to paralysis of accommodation, which is caused by the drug, though not so actively or for so long a period as by *Belladonna*. From toxic quantities, however, actual amaurosis may ensue, as under these circumstances the sensibility in general is destroyed.

We thus find a double sphere of action for *Gelsemium* in affections of the eyes. Its paralysing influence makes it an apt remedy for ptosis, and other affections due to loss of power on the part of the ocular muscles. It receives general praise here. Among the testimonies in its favour, I may cite that of Dr. Vilas, of Chicago, who says :* "*Gelsemium* has been of great value in my hospital and private practice in cases of this nature. Morbid states which failed to respond to other means have been ameliorated or cured by it; and electricity has ceased to be the specific for such troubles." But Drs. Allen and Norton have carried the use of the drug a step farther, viz.: to inflammatory affections of the retina and choroid. Retinitis albuminurica, coming on during pregnancy, chorio-retinitis, in which there seemed to be a bluish snake before the vision, and serous choroiditis, have been cured by them with it; while the latter physician has put on record several cases of recent detachment of the retina in which it seems to have greatly aided in recovery.† Dr. Park Lewis, at our late International Convention,‡ spoke

* *Amer. Homœopathist*, i, 5.

† *Ohio Med. and Surgical Reporter*, July, 1877.

‡ *Transactions*, p. 123 of Minutes.

of *Gelsemium* as almost specific in serous iritis, and Dr. Norton now makes claims for it as influencing the whole uveal tract when this form of inflammation is present.

I have next to speak of the sulphide of calcium,

Hepar sulphuris.

The pathogenetic symptoms of this substance, as recorded in the fourth volume of Hahnemann's *Reine Arzneimittellehre* (not in the *Chronischen Krankheiten*, which are of more dubious character), speak plainly of its power to inflame the eyes and lids. "Inflammation, redness, and swelling of the upper lids, with rather pressing than shooting pain," "eyelids closed on waking, so that for some time she cannot open them," "eyes sore, agglutinated at night," "eyes sore, inflamed, and swollen, with redness of the whites,"—so he describes them; he speaks also of mucopurulent matter forming in them.

The composition of *Hepar sulphuris*, and its close analogy to *Mercury*, have naturally led to its being employed in those obstinate affections of the eyes which are connected with the scrofulous diathesis. It has been found to act chiefly on the lids and on the cornea. It is very useful in blepharitis, especially when the Meibomian glands are much involved, and in acute phlegmonous inflammation of the lids. In Peters' *Treatise on Diseases of the Eye* you will find collected many recorded instances of its value when the cornea was affected; and will see that it has cured cases where onyx, hypopion and prolapsus iridis were present. It is in "catarrho-rheumatic ophthalmia" that such troubles are especially seen, so that the power of *Hepar* over suppuration makes it specially available here. It has also shown great influence over recurring ulceration of the cornea in ophthalmia scrofulosa. Drs. Allen and Norton fully confirm its value in every form of keratitis save the syphilitic, mentioning great photophobia and relief of pain by warmth as characteristic of it.

Ipecacuanha,

of which I have now to speak, would hardly have been thought to affect the eyes. Two authors are indeed cited by Hahnemann as having observed "inflammation of the eyes" caused by it; but one is speaking of the local effects of the powder, which is well known to be very irritating, and the other merely mentions "eyes a little inflamed," as part of a general catarrh induced by its inhalation in one very susceptible to its influence. But a physician of Halle, Dr. Tamhayn, has published in the *Journal für Pharmacodynamik* for 1877 a striking case in which a druggist's assistant experienced, on four successive occasions after pounding ipecacuanha, an attack of what I think we can only call acute choroiditis. You may read it at length in the twenty-eighth volume of the *British Journal of Homœopathy*; but here it is, as epitomised by Allen.

"Awakened at 3 a.m. by raging pain, more severe in the right, less in the left eye, with excessive lachrymation which soaked the pillow, and loss of vision (1st night).—Intense tearing pains, especially in the right eye, extending but a little way towards the temple; on opening the right lids, which were swollen, a copious gush of tears; the conjunctiva of the bulb was injected and infiltrated, the tunica vaginalis swollen, the cornea dim and infiltrated. On close examination there were noticed a number of small depressions; the iris seemed congested and had a dull look, the pupils contracted, reacting but little or not at all to the light, vision completely lost. After eight weeks these symptoms appeared in the left eye, after again pounding the drug, but this time associated with nausea and inclination to vomit. A third time, after several months, from the same cause, he was awakened in the night by intense pains in the eyes, lachrymation, loss of vision. A fourth time he experienced a slight biting and pressing pain in the eye, light blinded him and increased the pain, the conjunctiva became red and chemosed, and again there was copious lachrymation: this time the right eye was most affected,

vision was lost ; with the left eye the patient saw fiery rays with rainbow colours."

Guided by this observation, Dr. Hermel gave the medicine, in the 6th and 12th dilutions, in a case of choroidal congestion, of six weeks standing, causing excessively painful shootings in the eyeballs, copious lachrymation on gazing at any object, and appearance of a blue and red halo around flames. It speedily removed the symptoms. Dr. Jousset conducts the treatment of most cases of strumous ophthalmia with *Ipecacuanha* and *Apis*.

The bichromate of potash,

Kali bichromicum,

is so potent an irritant of mucous membrane wherever found that it can hardly but inflame the conjunctiva. It has 128 eye symptoms in Allen's *Encyclopædia*, and most of these speak of conjunctivitis, which in the chrome workers is seen to involve yellow discharge from the eyes, granulations and pustules, and even leucomata of the cornea. Burning was the chief subjective sensation experienced. *Kali bichromicum* is also an irritant of fibrous tissue ; and accordingly we have some slight evidence of hyperæmia of the sclerotic. "Several bright red spots and streaks in the white of the left eye" appeared in Koth, who proved the second trituration.

Instances of the efficacy of *Kali bichromicum* in catarrhal, strumous, and rheumatic ophthalmia, are given by Dr. Drysdale in the appendix to his arrangement of the drug in the *Hahnemann Materia Medica*. In the two former affections it appears to occupy no distinctive place, and is hardly wanted ; but for rheumatic, especially catarrho-rheumatic, ophthalmia it is a remedy of much importance. It resembles *Hepar* here, but is more suitable when the sclerotic and iris than when the cornea is affected.* Such

* Travers has described a form of iritis to which it is peculiarly suitable. "There is," he says, "a slow inflammation of the iris which differs from the acute form, chiefly in its very gradual access; its comparatively moderate pain, and that affecting only the ball and the region of the orbit; the very

would be my own conclusion from experience and recorded results ; but I am bound to mention that Dr. Allen reports a case of pannus from granular lids, in which the eyes cleared up wonderfully under the medicine, and Dr. Norton has found it useful in opacities of the cornea. He also commends it in descemetitis and in croupous conjunctivitis.

The tiger-lily,

Lilium tigrinum,

has of late years received a very thorough proving in America. Those who took part in it experienced a good deal of injection of the eyes, burning and pain in them, and blurring of vision ; but there was so much general derangement concurrent therewith, that these might have been set down as occasional and sympathetic, save for one singular circumstance. It was, that a prover of the drug, a married lady, who took two doses of the 3rd dilution daily for six days, after suffering much inconvenience in the eyes, found that an astigmatism, under which she had laboured for a twelvemonth past, had disappeared. The attention of the late Dr. Woodyatt, of Chicago, was thus drawn to the medicine, from the special study he made of the action of drugs on the accommodatory apparatus of the eyes. At first he thought that it caused ciliary paresis, like *Argentum nitricum* ; but, later, came to the conclusion that it rather resembled *Physostigma* and corresponded to spasmodic conditions of the ciliary muscle. Astigmatism, however, was always his special indication for it ; and he has published several cases in which this condition, co-existing with other disorders of the sensations and functions of the eye, has disappeared under its use. We shall see that astigmatism has been induced by *Physostigma* ; there is no reason, therefore, why it should not be removed, when

slight degree of superficial vascularity ; the membranous form and sparing quantity of lymph effused, or its actual imperceptibleness ; and the frequent concomitant affection of the cornea with minute and superficial herpetic ulcers of a brown colour." This last symptom reminds us of the "brownish spots of the size of pinheads" noted by two provers of the bichromate.

dependent on the muscular irregularity which must be assumed to be present in such a case, by a similarly acting medicine like *Lilium*.

I now enter upon rather an important inquiry on the action upon the eyes of

Mercurius

in its various forms.

That this metal can cause conjunctivitis I conceive to be beyond doubt. I would not lay too much stress upon the symptoms of this kind which appear in Hahnemann's pathogenesis of *M. solubilis*. They are all credited to his son Friedrich, and there is somewhat very suspicious about this gentleman's contributions to the pathogenesis in question. Hahnemann himself, however, records "inflammatory swelling in the region of the lachrymal bone," "the upper lid is thick and red like a sty," "eyes agglutinated in the morning," and "burning in the eyes, as after reading too much at night; one eye is red;" which, so far as they go, point in this direction. To the same effect are Hering's symptoms obtained from the biniodide, which, though the vague "inflamed" is the only phrase used, pretty certainly point to irritation of the conjunctiva. Overbeck found the surface of the eyes inflamed in the animals he poisoned by mercurial frictions,* and those exposed to the chronic influence of the metal, as miners and workers in it, experienced the same effect. "Eyes inflamed, with swollen inverted tarsi, and very sensitive to light," "blennorrhœa of both eyes," "chronic conjunctivitis, with a fine, rosy-red injection around the cornea,"—such are some of the recorded effects of it in these subjects. *M. corrosivus*, also, has some plain symptoms—objective and subjective—of the same irritation (S. 69, 72, 75, 81—83, of Allen).

It is quite appropriate, therefore, to find Dr. Angell and Drs. Allen and Norton in complete agreement as to the high place occupied by the mercurial preparations in the

* *Merc. und Syph.*, 1861.

treatment of the inflammations of the surface of the eyeball. They concur in praising the ordinary preparations of the drug in blepharitis, where the lids are red, thick, and swollen, in superficial keratitis, and in episcleritis. Both keratitis and scleritis, I should say, have been observed among the workmen in *Mercury*. Corrosive sublimate is highly esteemed in strumous ophthalmia, where the inflammatory and ulcerative symptoms run high;* and Dr. Jousset—and with him Dr. Dekeersmaecker—treats purulent ophthalmia by instillations of its third decimal dilution.

A more difficult question arises when we come to the relation of *Mercury* to iritis. It is generally given in the homœopathic treatment of the disease, either as *M. solubilis* or *M. corrosivus*, and is supposed to act upon the principle of similarity. It had certainly been often observed that mercurialised patients are especially apt to have iritis, and it was natural to connect the two as cause with effect. Travers is the author most frequently cited by the advocates of this doctrine, and he indeed seems at first sight to bear them out. "The occurrence of iritis," he says,† "during the use of *Mercury* is so well established and familiar a fact, among persons who see much of ophthalmic diseases, that their first inquiry of a patient labouring under it is, not whether he has recently contracted syphilis, but whether he has taken *Mercury*." So clear is he as to this causation, that—advocating as he does the free use of the drug in the treatment of iritis—he discusses at length the apparent paradox that it should act both as bane and as antidote. But when we look further, we find him admitting that "with one exception" he "cannot call to mind a well-established case of primary iritis occurring during the constitutional action of *Mercury* for a disease in which the genitals had had no concern, as enlargement of the liver, &c." He moreover states that the inflammation does not come on during the continuous

* See *Brit. Journ. of Hom.*, vols. iii and xxii. Others of the irritant mercurials, as the biniodide, the red precipitate, and the nitrate, are also recommended here.

† *Surgical Essays*, i, 67.

anti-syphilitic treatment, while the patient is shut up in the hospital, but subsequently, and generally as the result of exposure to cold and damp; and that it is less frequent among the better classes, who are not so liable to these *lædentia*.* It appears, therefore, that for *Mercury* to cause iritis, two other factors are requisite, either of which is sufficient (as we know) to develop the disease without its aid. On the other hand, we have the extreme improbability that an antiplastic agent like our present drug, all whose inflammations are erythematous and suppurative, should set up an adhesive one such as syphilitic iritis is; and the still greater anomaly that it should cure, in physiological doses, the very affection it had caused on the same subject. Kussmaul, moreover, tells us that "no case of iritis, in any form, has been noticed among the workers" in *Mercury*, among whom, if anywhere, it might have been expected to appear.

I think, then, that as here there can be no question of insufficient proving, we must conclude that *Mercury* is incapable of causing iritis, and is not homœopathic thereto. Drs. Allen and Norton, indeed, seem to warrant its efficacy; but when their language is scrutinised, it hardly smacks of the personal experience with which they often speak, and which I should always receive with respect. Dr. Angell speaks of *Mercury* only as one of several remedies—*Aconite*, *Bryonia*, *Belladonna*, &c., which he uses in the treatment of iritis; and all these physicians conjoin the instillation of *Atropia*, with the aid of which many cases of the disease will get well of themselves. I am, therefore, justified in advising you not to rely upon *Mercury* as a homœopathic remedy in the treatment of this affection of the eyes. You must either treat it with other remedies, or—as in the syphilitic form of iritis you will sometimes have to do—you must administer *Mercury* so as to induce its physiological action, which is directly antipathic to the morbid condition present. You may remember the vivid description of Watson:

* Graves, who also notices the occurrence of iritis in mercurialised patients, refers it solely to these atmospheric causes.

"the instant that the patient's gums and breath acknowledge the specific influence of *Mercury* upon his system, a welcome change becomes apparent: the red zone surrounding the cornea begins to fade; the drops of lymph to lessen; the iris to resume its proper tint; and the puckered and irregular pupil once more to approach to the perfect circle; till at length the eye is restored to its original integrity, and beauty, and usefulness." It is the general testimony of the oculists of the old school that this can be accomplished by the induction of mercurialisation, and, in severe cases, cannot be attained without it. Unless those who practise homœopathically can bring forward rebutting testimony, we seem to have before us an instance in which the rule "let likes be treated by likes" must be temporarily superseded. It would be with pain that we should have to admit the necessity, in any case, of so objectionable a proceeding as mercurialisation; but the eye is so precious an organ that most patients would willingly submit to a temporary sacrifice of general health, if really necessary for its restoration.

In all this, of course, I have been speaking of plastic iritis, *i.e.* of its occurrence as a sequela of syphilis. When resulting from "rheumatic" exposure, and rather of "serous" character, I see no reason why *Mercurius* should not be homœopathic to it, though I myself prefer other remedies.

There is better evidence of the action, pathogenetic and curative, of *Mercury*, when we penetrate still deeper into the eye, and come to the retina and optic nerve. Impaired vision is a common symptom among the workers; and the frequent occurrence in these subjects of degenerative inflammation of the nervous centres suggests a similar condition as set up in the nervous element of the visual organs. The "incipient amaurosis" in which Hartmann speaks so highly of *M. solubilis* was presumably of this nature; and Drs. Allen and Norton say of retinitis albuminurica that "no remedy has been employed with better success in such a large number of cases" as *M. corrosivus*; "the inflammatory process is often seen to

rapidly subside, and exudation into the retina disappear” under its action.

The symptomatic indications for the mercurial medicines in these disorders are that the discharges are profuse, burning and acrid, and thin; and that the pains are all worse at night, and for warmth, the heat of a light giving more inconvenience than its luminosity. They are thus especially useful in the affections, both of the mucous and nervous structures of the eyeballs, which occur in those much exposed to the glare of a fire, as workers in foundries.

Phosphorus

is another substance whose action on the nervous centres is so keen and profound that it can hardly fail to influence the retina and optic nerve. Our knowledge of its physiological effects thereon are but slight, as the amaurosis with dilated pupils observed in cases of poisoning may be the result of failure of the heart's action, as in hæmorrhage; and Hahnemann's symptoms in his *Chronic Diseases* were observed upon patients. Such as they are, however, they correspond very fairly to the kind of impaired vision *Phosphorus* would be likely to cause, and to that which it cures. “She was obliged to hold objects near in order to see distinctly; at a distance everything seemed enveloped in a smoke or mist: she could see better when the pupils were dilated by shading the eyes with the hand”—“a green halo about the candlelight, in the evening”—“it seems as though a black veil were before the right eye.” *Muscæ volitantes*, also, are more than once noted by him.

Phosphorus is our leading remedy in simple amblyopia, when brought on by exhausting causes, as excess in venery or tobacco, watching, grief, and so forth. A certain amount of hyperæmia and irritability of the retina would not counter-indicate it, though it is equally effective when the condition is of a more torpid kind. Hahnemann mentions (possibly led by his 330th symptom, which I have quoted) “glaucoma” as one of the morbid conditions in which it is indicated. The name was given, in his day, to

the bluish-green appearance of the fundus sometimes (not always) seen in this disease. There are several cases on record in which, given on account of the pain present, *Phosphorus* seems to have restored soundness and vision to undoubtedly glaucomatous eyes.* I can speak from personal observation of its power of abolishing pain in such eyes, though in both cases to which I refer the mischief was too far advanced, and the patients too elderly, for sight to be regained. A cherry-red colour before the vision is said by Dr. Allen to indicate it.

I have now to speak of the Calabar bean,

Physostigma.

This substance shares with Opium the power of *contracting* the pupil, though—as we shall see—it effects the change by a very different process. It acts in this way whether locally or internally exhibited; and von Graefe and Robertson have shown that the ciliary muscle is contracted as well as—and even before—the iris, so that accommodation is impaired, and myopia induced. There is set up in the eye a condition precisely opposite to that caused by *Belladonna*, which produces dilatation of the pupil, paralysis of accommodation, and far-sightedness. Is the causation, then, also precisely opposite? Does *Physostigma* paralyse the sympathetic and excite the ciliary branches of the third? I am disinclined to answer affirmatively as to either point. I find none of the evidences of depressed sympathetic energy, as I do in the pathogenesis of Opium, which I believe in this way to contract the pupil; nor can I think that a drug which causes general paralysis can stimulate one of the nerves of the cranio-spinal axis. I should rather ascribe the condition to a direct action of the drug on the muscular substance of the iris and ciliary muscles, an action which it seems also to exert upon other muscles, as those of the intestines. This is also Binz's view. Von Graefe says that on carefully watching the progress of the myosis, the iris is seen to contract convulsively with little jerks and twitches, which

* See *Brit. Journ of Hom.*, xxxii, 6—11.

are so small and rapid that they easily escape observation. These seem analogous to the tremors observed in the voluntary muscles and the peristaltic agitations of the intestines caused by the drug. The action on accommodation (which tends to approximation of both the far and the near point of vision) progresses by the same spasms and jerks; and oscillation of the eyeballs has been observed. Besides myopia, Mr. Bowman found when experimenting on himself that astigmatism was produced.

When eyes so affected are used for binocular vision (as in reading), pains, blurring and sense of straining are experienced. Nervous achings may occur in the eyeball to which the drug has been locally applied, extending along the supra-orbital nerves and over half the head; and towards the height of the myosis there is experienced, even without provocation, a painful tension, partly in the equator of the ball, and partly in the ciliary region.

There are of course two possible applications of these powers of *Physostigma* over the eye, one on the principle of *contraria contrariis*, the other on that of *similia similibus*. In the former of these ways it has been used for the counteraction of the effects of *Atropia*, and for the relief of mydriasis and weakened accommodation when otherwise arising. Dr. Woodyatt initiated the homœopathic employment of the remedy, by giving it in acquired myopia, resulting from ciliary spasm, which he considered a frequent and important factor in the affection. From *Physostigma*, in the third decimal dilution taken four times a day, he has reported "results favorable beyond expectation," many of which he has related in detail.* They show the symptoms often relieved without glasses, or the use of these abandoned, under its influence. His theory and practice were called in question by one of his colleagues, but I think that he abundantly vindicated the soundness of his position. He might have quoted the corroborative testimony of Soelberg Wells, who wrote (for of him also we must now speak in the past tense): "Dobrowolsky and others find that rapid increase of myopia is often due to spasm of the ciliary

* See *United States Med. Investigator*, ii, 375; v, 390; vi, 44.

muscle, which also causes asthenopia," and again, "spasm of the ciliary muscle (apparent myopia) is not of such unfrequent occurrence as is often supposed. We have already seen that it may accompany myopia and astigmatism: but it is most frequently observed in youthful hypermetropes who have strained their eyes much in reading, sewing, &c., without using convex glasses,—this continued tension of the accommodation producing a spasmodic contraction of the ciliary muscle, or apparent myopia. Such patients complain chiefly of two sets of symptoms: viz. those of marked asthenopia during reading and fine work, and also that they are short-sighted."

Drs. Allen and Norton say—"Twitching of the lids should attract our attention to this drug, especially if combined with spasm of the ciliary muscle, as in one case in which there was twitching around the eyes, patient could not read at all without much pain, frontal headache aggravated by any light. *Physostigma* gave quick relief."

Eserine, the active principle of *Physostigma*, has of late found a good deal of tentative employment in ocular affections. Dr. Knapp, of New York, at one time proclaimed it as useful in acute glaucoma as *Atropine* is in iritis; and he still makes habitually a corresponding employment of it, though he admits that it only exceptionally cures. He also says that, as with *Atropine*, its use in chronic glaucoma may set up an acute attack; and that, in irritable eyes, its myotic effect is liable to induce iritis.* Mr. Walker, of Liverpool, has suggested the *rationale* of the action of *Eserine* in glaucoma to be as follows. He considers that long-continued over-use of the ciliary muscle is the most frequent, if not the invariable, precedent cause of the disease; and finds that section of it (cyclotomy) at once removes all the symptoms. He supposes that a spasmodic and inflammatory state of at any rate the circular fibres is present, and suggests that the mischief done by *Atropine* is due to the strain put upon

* Dr. Park Lewis with reason suggests the use of *Physostigma* in iritis, as more homœopathic than the mydriatics.

these by its excitation of their antagonists. Still more injurious, therefore, would seem the action of *Eserine*, which works in the same direction with the *causa mali*; and such he finds it to be, if used in the ordinary strength before cyclotomy has been practised. After this, however, he employs it with the utmost advantage to check any return of irritability and tension. He supposes it to act by opening the discharge-pipes of the anterior chamber; but the not unfrequent aggravation which occurs, and the very small doses he has come to use (from gr. $\frac{1}{16}$ th to gr. $\frac{1}{64}$ th to the ounce), suggest that the action is a homœopathic one.

The amaurosis frequently observed in lead-poisoning makes it necessary for us to inquire into the action of

Plumbum

upon the eye. Examination of the facts shows that this failure of vision is often secondary to the renal mischief (granular kidney) which the metal sets up. It is here either temporary, where it would seem to depend upon anæmia of the retina from contraction of the arterioles, an analogous symptom to the well-known "renal asthma;" or it is more permanent, when retinitis albuminurica will be found to exist. But plumbic amaurosis may occur as a substantive change; and this appears to consist in an optic neuritis, with its central scotoma. This is well illustrated by two cases related in the *London Medical Record* for 1875 (p. 277). The indications for treatment thus afforded are very obvious, but they have not yet been applied to practice.

I will conclude to-day with some remarks on the rôle of

Pulsatilla

in affections of the eye.

Störck, who first introduced it into medicine, reported it very useful in such chronic diseases as cataract, spots

VOL. XLI, NO. CLXIV.—APRIL, 1883. I

on the cornea, and amaurosis. His experience, however, was not sustained by that of others; and the drug soon fell into the disuse in which—in the old school—it has continued almost to this day. Dr. John Brunton's communication to the Medical Society of London, designed to revive interest in *Pulsatilla*, spoke of it only in relation to catarrhal conjunctivitis. Dr. W. H. Miller, however, of St. Paul's, Minnesota, U.S., using (in full doses) the *Pulsatilla Nuttalliana* of his own country, reports both general results similar to those of Störck, and, with respect to the eye, speaks as he does of "cataract, amaurosis, and opacities of the cornea" as benefited by it. One would have liked rather more information as to such results.

The provings and applications which have been made of *Pulsatilla* in the school of Hahnemann have not reached to these deeper actions. From the former, which have been carried out very thoroughly both with the German and with the American variety of the plant, it has displayed its affinity for the eyes mainly by affecting the lids, which it inflames greatly, making them swell up (in one case in the form of a sty), become agglutinated in the morning, and pour out quantities of mucus. It has, however, sometimes excited sharp pains in the balls, though you will see from my notes in Allen that the two most striking symptoms of this kind which Hahnemann gives are untrustworthy. More constant are its disturbances of vision. Temporary obscurations of sight are often noted; in one case fiery circles were seen, and in another a starry halo surrounded the flame of a candle; and after sleep there is a feeling as if something were hanging over the cornea which could be wiped away. The sensation is only subjective, and disappears spontaneously. Dr. C. Wesselhœft, in proving the *P. Nuttalliana* in substantial doses, was much annoyed by twitching of the lids and brows.

The more modest claims to usefulness made by these experiments can be amply sustained. *Pulsatilla* is of course especially serviceable when the subject of the eye affection is of the mild, passive, lymphatic temperament to whose

troubles it is suited. Locally, it is indicated where the discharges are thick, profuse, and black, and where there is not much pain or photophobia. Under these circumstances it will do much good in catarrhal, scrofulous, and even purulent ophthalmia. In the last-named trouble, occurring in infants, Drs. Allen and Norton recommend it as reinforcing the action of *Argentum nitricum*. They also praise it for superficial ulcers of the conjunctiva corneæ in ophthalmia scrofulosa. It is especially suitable when the lids are the seat of the ophthalmia. It will blight a sty as effectually as *Belladonna* will a boil. For the twitching, also, of the lids, with dazzling of sight, with which some persons are annoyed, I have several times found *Pulsatilla* useful. It seems occasionally to have been curative in choroidal congestion and dimness of vision connected with menstrual insufficiency.

A DEFENCE OF HAHNEMANN'S PHARMACEUTICS.

HAHNEMANN gave very precise directions for the preparation of the attenuations of the medicines to be used in the homœopathic treatment of disease. These directions, which will be found in detail as regards medicines to be triturated in the introduction to *Arsenic*, and as regards vegetable juices in the introduction to *Pulsatilla* in the *Materia Medica Pura*, and as regards both in §§ 270-271 of the *Organon*, he repeats in less detail over and over again. He evidently attached great importance to each step in the process of attenuation, the vehicle, the amount of trituration, the binary succussion, the preparation of each successive attenuation in a separate phial, the size of the globules, and the manner of their impregnation. He omits nothing from his description of his pharmaceutic processes, and evidently intends that his directions shall be followed exactly by his disciples and those who desire to

test the truth of his system. Hahnemann's higher dilutions, as everybody knows, were made by taking a drop from the phial containing the previous dilution and adding it to ninety-nine drops of alcohol in a fresh phial, and giving two strong succussions to the bottle in order to ensure thorough admixture. Even after his adoption of his dynamisation theory Hahnemann made no alteration in his pharmaceutical processes, and though he admitted the medicinal power of the dilettante Korsakoff's infection globules, he never advised that his own pharmaceutical method should be superseded by Korsakoff's plan. Hahnemann wished particularly that his followers should use exactly the same preparations as he himself did "in order to obtain uniform results," and the only change he suggested was that the number of succussions to each dilution might sometimes be advantageously increased (*Chr. Kr.*, pt. v). For many years no alteration was proposed by his followers beyond that of making the dilutions on the decimal (1 of medicine to 10 of vehicle) scale in place of Hahnemann's centesimal (1 to 100) scale. No one proposed to make any alteration in the vehicle for making the dilutions or in the technical details of the process. It was left for amateurs to rush in where professionals feared to tread. Graf von Korsakoff, a wealthy Russian nobleman, thought he could not better employ his aristocratic leisure than in improving the pharmaceutical processes which Hahnemann, after much consideration and with a perfect knowledge of the apothecary's art, had adopted. Korsakoff found that Hahnemann's favourite 30th dilution did not come up to his expectations in the cure of diseases, so the brilliant idea occurred to him that the attenuation was not high enough. Accordingly he diluted his medicines up to the 100th, 200th, and 1500th potency, and of course found that diseases which are incurable by the 30th, disappeared like magic before the higher potencies of his own invention. Moreover, he discovered that one medicated globule placed in a bottle with 1000 and even 10,000 unmedicated globules, made all of them as powerfully medicinal as itself. He communi-

cated his grand discovery to Hahnemann, who, in place of telling him to mind his "ribbons, stars, and a' that," as became a great nobleman, to leave alone matters he did not understand, and to allow him (Hahnemann), to be the best judge of the mode of preparing and administering his own medicines, said there might be some truth in what his lordship was pleased to suggest, though on the whole he thought it might be best to stick to the old plan, which experience had shown to be not altogether a bad one. Rich noblemen naturally expect their opinions on all subjects to be treated with deference and consideration, but it would be no disadvantage to the world in general if these expectations were occasionally disappointed when they lay down the law on subjects they cannot possibly understand. If Hahnemann had treated the Graf's suggestions with the contempt they merited; and had told him that his innovation was a pernicious departure from the simplicity and precision of homœopathic pharmaceutics, we should no doubt have been spared much of the extravagance that has followed Hahnemann's good-natured unwillingness to ruffle the intrusive conceit of his noble Muscovite patroniser.

Personally Hahnemann preferred to consider the 30th dilution as the normal standard of extreme dilution and though he was acquainted with higher dilutions and gave them occasionally, he does not recommend their use (see *Organon*, § 287 note); but he never altered his directions as to the preparation of the dilutions, to wit, the separate phial and the alcoholic vehicle; the only deviation he allowed in his latter days, was an increase in the number of succussions to be given to each dilution.

After Hahnemann's death, however, some of his disciples permitted themselves to propose great deviations from Hahnemann's simple and precise rules. The first and most notorious of these innovators was again an amateur, whose special medical education seems to have been obtained among horses, for he is variously described as a horse-trainer, a horse-breaker, a master of the horse, and an equerry. His name is familiar to all homœopaths—Jenichen. He announced, or got admiring friends to

announce, that he prepared homœopathic attenuations "of exalted potencies" in a peculiar manner which he kept secret, and he or they boasted that the attenuations so prepared acted much more efficaciously than the dilutions prepared on Hahnemann's plan. It oozed out somehow that Jenichen made his attenuations not in successive small phials, but in one large bottle, and with a larger quantity of vehicle, not alcohol, but the water of a lake in the neighbourhood of Wismar where he resided. It was also known that he gave many more than the regulation two succussion strokes to each dilution, indeed, it was stated by some who were supposed to know, that he counted ten succussions as raising the medicine a degree of potency without further dilution. But, however much or little was known of Jenichen's "potencies," they speedily became the rage among those who considered themselves, or were held by others to be, the most faithful disciples of Hahnemann, such as Stapf, Gross, Bönninghausen and Hering. The bad principle of a departure from the methods of Hahnemann in the preparation of the medicinal attenuations and of the adoption of secret pharmaceutical processes, having been sanctioned by the enthusiastic praises of those who were generally credited with their fidelity to the master, could not fail to produce most deplorable results. Accordingly we had a number of rival competitors for the preparation of high potencies, asserting their attenuations as the very best out, and not only infinitely superior to those with which Hahnemann had astonished the world by his wonderful cures, but surpassing in efficacy all other high potencies. In Germany there was Lehrmann, who made all his dilutions of one medicine in a single bottle, but how else we have no information. He called his potencies 200ths. American ingenuity set itself to make still further innovations on the Hahnemannian method. Carroll Dunham set the bad example of preparing medicinal attenuations by automatic machinery and with service water as a vehicle. He was followed by Fincke, who took out a patent for the preparation of high potencies. His method has the merit of simplicity. It consists in putting a small phial contain-

ing a drop of the mother tincture under a tap and allowing a vast quantity of the common drinking water of the town to flow through it. His mode of calculating the degree of potency is simple in the extreme. His bottle has, say, a capacity of one drachm; when 100 drachms have flowed through it, that is the 100th potency, when 1000 drachms, that is the 1000th potency, and so on. No separate phial for each dilution, no succussions, no alcoholic vehicle here. He may call his preparations what he likes, they have nothing in common with those of Hahnemann. The same may be said of Swan's high potencies. The high potencies of Boericke certainly received five mechanical succussions each time the one phial received a new 100 drops of service water, so in this one respect the instructions of Hahnemann are not neglected; but Boericke, though he invented a most ingenious machine for his potencies, seems to have given them up altogether and gone back to low dilutions and common sense. Skinner thinks that the reason why Boericke gave up his high potencies was that his health broke down in consequence of making them, so "that," says Skinner, "I do not wonder at Dr. Boericke relinquishing the business—dropping the high dynamisation and going in for the mother tinctures and lower triturations, which do no injury to the health, and put much more into his pocket." Note the delicate insinuation of a mercenary motive—How these high-potency men love one another! In this country, we believe, the only maker of so-called high-potencies is Dr. Skinner, who has invented a machine for the purpose. He employs one phial only for each medicine, he uses no succussions, instead of which he allows the stream of service water (which is his vehicle) to rush with considerable force into the phial. His machine is automatic and can make 50 potencies per minute, 3000 per hour, 70,000 per day, 100,000 in 33 hours, and 1,000,000 in 14½ days, running night and day. He says emphatically that his millionth potency is "the millionth centesimal potency of Hahnemann," but, not to mention that Hahnemann never had or heard of a millionth potency, Dr. Skinner's potencies, being prepared in a totally different

manner, in which all Hahnemann's directions as to vehicle, separate glasses and succussions are neglected, cannot be compared with Hahnemann's attenuations at all, as they are, like Jenichen's, Fincke's, Swan's, Boericke's, Lehrmann's, and Dunham's, something quite different and not in any way Hahnemannic.

We do not know if these very unHahnemannic so-called "high potencies" are used by many besides their own ingenious inventors, but no doubt each has its small circle of admirers, and, curiously enough, almost the only practitioners who employ these most unHahnemannic preparations are those who love to call themselves and be called "Hahnemannists," "pure homœopaths," to enrol themselves in international societies, "Legions of Honour," and so forth, and to avow, whenever opportunity offers, their adhesion to the doctrines set forth in Hahnemann's *Organon*.

If high potencies (so-called) were to remain confined to the so-called Hahnemannists, who, like the coneys, are "a feeble folk," no great harm would be done; but we see every now and then in our periodical literature cases treated by other practitioners with the pretended high potencies, sometimes with the name of the maker after them, but as often without any indication of their source, and with only the Roman numerals attached, indicating the potency as "c," "m," "cm," "mm." Now, this is very deplorable, for chaos is introduced into homœopathic pharmaceuticals where hitherto order and simplicity reigned. There is nothing more certain than that none of these preparations are made according to Hahnemann's directions, and there is more than a suspicion that most, if not all of them, are not even dilutions of the strength, or we should say the feebleness, their number is meant to denote, even according to their own imbecile method of preparation. In fact, we have seen the rival manufacturers exposing the fraudulent nature of each other's attenuations, and claiming that their own preparations are alone really Hahnemannic.

But none of the new attenuations offered to us under the name of high potencies have the slightest claim to be called Hahnemannic, as in these preparations all the direc-

tions of Hahnemann are utterly neglected. We cannot see that Hahnemann's processes are improved upon by the shipshod plan of using one bottle for all dilutions, by omitting the succussions Hahnemann attached such importance to, and by substituting for pure alcohol the ordinary unfiltered service water of towns with all its impurities, organic and inorganic. For our part we have confidence only in the Hahnemannic method, and in that variety of it in which the decimal is substituted for the centesimal scale. Medicines prepared thus are everywhere and always the same. We know precisely the amount of drug they contain and we can repeat the experience of those who employ them in our own practice. But when we read of cases in which the medicines used are so-called high potencies, the figures denominating them convey no idea to our mind, for the only thing we can be certain about regarding them is that they do not represent medicines according to the Hahnemannic or the decimal scale. Even where the denominating figure is followed by the name of its sponsor, Jenichen, Fincke, Lehrmann, &c., we are not a bit the wiser, for either the mode of dilution is concealed from us, or what is revealed of it convinces us that it is not what it is called.

Why should we accept the preparations of amateurs, patentees and notoriety hunters as being an improvement on the time-honoured and well-tested medicines prepared according to Hahnemann's method? Has any of these high-dilution mongers adduced any reasons for condemning Hahnemann's careful and well-considered method? Have we had any arguments or facts to show that it is better to prepare all dilutions of a medicine in one bottle, in place of in a bottle for each, that succussions of the diluting-phial are useless or injurious, that dirty water is a better vehicle than pure alcohol? Until the futility of Hahnemann's method is proved to us, and the superiority of the new methods is demonstrated, we prefer to maintain our preference for the former. Who are Fincke, Jenichen, and the rest that they should take upon themselves to abrogate the plain directions of Hahnemann and adopt quite another method for preparing our

medicines than that he devised, and by means of which homœopathy has gained all her triumphs?

There are now before the profession—we know not if all in the market—some seven or eight different pharmaceutical preparations called high potencies, each recommended as the very best article to be had for love or money. We have in our periodicals cases treated by all these different preparations, and held up to us as examples for our imitation and as testimonies to the superiority of each of the articles employed. Are we expected to encumber our shelves with complete sets of medicines prepared according to the methods of Jenichen, Lehrmann, Fincke, and the rest? Are our pharmacists expected to keep complete sets of them all? Are we to abandon the divine simplicity of Hahnemann's method and to have our medicines all prepared in half a dozen different methods? And if there are now not many more than that number, what assurance can we have that the bad example thus set by so many men flooding us with their new and superior preparations, may not be speedily imitated by as many more, and we shall have all the Dicks, Toms and Harrys of homœopathy courting a cheap notoriety and rushing into the market with their very superior methods. It may be said that no one will mind the preparations of obscure practitioners, but, with the exception of Carrol Dunham, is there one of the high-potency mongers who can claim to be the very smallest authority in homœopathy? And yet their preparations seem to be valued in the inverse proportion to their homœopathic reputation. The horse-trainer Jenichen still bears away the palm for high potencies, while Dunham's preparations were, we believe, never used by any but himself.

What a chaos has been created in practice by these unseemly struggles to supersede Hahnemann's pharmaceutical method? And the offenders are without exception those who arrogate the title to themselves of "Hahnemannists." Is Hahnemann a myth? And have already dogmas become engrafted on the Hahnemannic legend, which find no countenance in the master's writings, of which this high-potency delusion is one?

The only attempt at justification for the introduction into practice of these anti-Hahnemannic novelties we have hitherto seen is the assertion: "We have tested their power and have seen them act, cure serious diseases in fact." But it is no justification for using secret remedies that they sometimes seem to cure, and some, if not all of the new preparations, are secret remedies, that is, we know not what they are nor how they are made. Besides, we would ask, were the ordinary Hahnemannic preparations tried and found wanting? If a man tells us he has cured a toothache or a sorethroat with a medicine labelled "cm. Fincke," we would merely ask: Did he try the medicine in a Hahnemannic form and did it fail? If he cannot answer this affirmatively then we may say that all he has proved is that a medicine labelled as above was given and the disease was removed; but the same might have happened had he given a Hahnemannic preparation, or some other medicine, or nothing at all. Probably had he prescribed his medicine in the usual form and the disease had disappeared he would have thought no more about it, but as the disease went after a "cm. Fincke" he cannot help cackling over it.

It is high time that those who venerate the name of Hahnemann and respect his teachings should join in a protest against these unwarranted, unauthorised and unnecessary departures from his pharmaceutic method. And more especially is this the case when an air of mystery and secrecy is given to the novel departures from the authorised method, or some complicated machine is employed for the new preparations which must necessarily remain the exclusive property of its inventor; for it is not to be expected that the ordinary practitioner will purchase one, have it fitted up in his house and superintend its working. This mystery and this intricacy attached to the preparation of the novel potencies, must have the effect of compelling all who would try them to apply to the inventor for the remedies that go by his name. As it is improbable that the inventor would give the fruits of his labour for nothing, this implies that he sells them for money down,

and perhaps this accounts for the peans of praise that each inventor bestows on his own preparations. It is the old story: "Buy Warren's blacking, none else is genuine"—not a very honourable occupation for a member of the "Legion of Honour."

But even were the new preparations to be given away for nothing to all who applied for them, we would still object to them utterly, as they introduce into our orderly and precise therapeutics an element of confusion and disorder from which, as Hahnemann left it to us, it was quite free.

We would, therefore, appeal to all those who respect the name of Hahnemann—and more particularly to those who delight to call themselves Hahnemannists, but who are the greatest offenders in this matter, as when not the inventors of some pharmaceutic innovation, they patronise the innovations of others—we would appeal to all to discourage the multiplication of un-Hahnemannic attenuations which have already wrought more evil in our small body, caused more wranglings, given occasion to more bad language, produced more splits amongst us, and retarded to a greater degree the spread of therapeutic truth among the profession at large than any other point of doctrine or practice connected with homœopathy.

SCARLATINA INFECTION: INCIDENTS OF AN EPIDEMIC.

By JOHN H. CLARKE, M.D.

IN the early months of the year 1879, an epidemic of scarlatina visited the village of N—, situated on exposed heath land, about nine miles from the Suffolk coast. Very few houses in the village were spared. How the epidemic originated I did not ascertain, but the village school seemed to be a potent factor in spreading it. The chief point of

interest to me was the behaviour of the scarlatina-poison in those who had been affected by it before—having had a previous attack of the disease. The cases are, however, individually not without interest, in point both of the disease and of the treatment, and I shall therefore relate them at length.

On the 24th of February, 1879, I was called to the house of a shepherd situated in the middle of a heath, half a mile distant from the village in question. The winter had been unusually severe, and the weather at the time was still very cold. The house was one of a pair of cottages built back to back, and there was no other house within half a mile of them in any direction. The family consisted of father, mother, several elder children, and the patient I was called to attend, a fair-haired boy of six. This was the only member of the family who had not had scarlatina previously. I found him covered from head to foot with a smooth scarlet rash. The history I received was as follows :

Scarlet fever was rife in the village of N—. The heads of the patient's family were not on the most neighbourly terms with the occupants of the adjoining house, but the patient had been to play with the children there about three weeks previously to my seeing him. Those children were then suffering from what their parents called "nettle springes," which was probably a light attack of scarlatina. Since then three of the elder members of my patient's family had had sorethroats, very like, I was told, that from which my patient was suffering, but without any rash.

Three days previously to my seeing him, the boy complained of sorethroat and seemed ill. Two days after—the day before I saw him—a rash appeared after a very restless night, during which he was in high fever.

I found him, as I said, covered from head to foot with a smooth scarlet rash. The tongue was red, with part of a white coat remaining. The palate was covered with a red rash. The fauces were much congested, swollen, and covered with dirty secretion. The glands of the neck externally were a little swollen. The bowels had moved three times in the twenty-four hours. Pulse 152, temp. 103·6°.

I gave him *Bellad.* 1, gtt. j, and *Merc. biniod.* 1x, gr. $\frac{1}{16}$ in water, every hour in turns.

February 26th.—Has had a quieter night. The rash seems to be dying. Throat still inflamed. No appetite. Pulse 132, temp. 102·2°. Rep.

28th.—Is more like himself. Throat much less inflamed. Appetite no better. Bowels not moved. Pulse 134, temp. 103·5°. Rep.

March 3rd.—Is very much better; he seems well and lively. Appetite good. Throat nearly well. Pulse 108, temp. 99·2°. *Arsen.* 2, gtt. j, 3 h.

At this time the mother became affected. She had badly-inflamed and ulcerated sorethroat, fever, and general illness, but no rash. She had nursed the patient throughout, and in spite of her own illness continued to do so.

7th.—Doing well. Rep.

10th.—Not so well. On the 8th he became ill. Yesterday he was in high fever, and a lump formed on the right side of his neck. The throat internally is dirty-looking but not inflamed. There is a lymphatic gland on the right side of the neck as large as a pigeon's egg. The fingers are peeling. The skin is of natural colour and not very dry. Pulse 136, temp. 104°. Tongue white at the sides, with a red central stripe, as in typhoid. Bowels have been moved. Urine scanty and cloudy on boiling. *Acon.* 1, gtt. j, *Bell.* 1, gtt. j, 1 h. alt.

12th.—The swelling in the neck has gone down considerably, but he has been and still is very ill. On the nights of the 10th and 11th he perspired excessively. Pulse 136, temp. 103·4°. Skin very dry, dirty yellow colour; there are a few linseed-like spots on the thighs. Tongue red, dry, and baked. Bowels have been moved slightly. Abdomen large. Liver dulness extends to navel. Abdomen tender all over, especially over the region of the liver. Tremor of the limbs. Urine strong-smelling. He had an attack of jaundice at Christmas (1878). *Arsen.* 3x, gtt. j, *Baptis.* φ, gtt. ss, gr. 6, 1 h. alt.

14th.—Good deal better. Pulse 104, temp. 101°. Tongue red. Bowels have not been moved; urine very scanty, no

albumen. Has not been delirious since 12th. Has slept well. He complains of pains in the joints, especially the knees and wrists; has had them since the 11th. Abdomen not so tender. Liver dulness normal. Skin dry and desquamating freely. Rep. 2 h. alt.

17th.—Pulse 116, temp. 100·5°. Bowels moved; urine very scanty, a cloud of albumen. Tongue dry and parched, red centre, feels sore. Craving for solid food. Has slept well, no delirium. On the 15th he had an eruption of minute red spots on the legs and shoulders. Is desquamating freely. *Canth.* 3x, gtt. j, 3 h. to-day, then resume *Arsen.* and *Baptis.* as before.

20th.—Pulse 94, temp. 99·2. Tongue moist but dirty at the sides. Has passed urine freely, pale, no albumen. Skin dry. Has slept well. Craves for food. No more pain in joints. A little pain in the region of the cæcum. Rep. *Bapt.* and *Arsen.*

24th.—Pulse and temperature normal. Tongue clean. Bowels confined. In other respects well. *Nux vomica* 1 gtt. j, quarter die.

On the 16th of April following, I was called to a house in the village itself, occupied by the village wheelwright. The household consisted of the father and mother, a daughter, æt. 17, one son, æt. 30, and one or two younger children. I was sent for specially to see the daughter. The whole family had had scarlatina many years before.

I found the daughter suffering from sorethroat. The day on which I saw her first was the Thursday, April 16th. She had returned from London, where she had been in service at a very hard place, on the previous Saturday, 11th. She was then well, but had a cold journey, and felt that very much. On the Monday she felt ill, and her throat was very sore. On the Tuesday the throat was so bad that she could not swallow, and continued in that state till I saw her.

A few weeks before, one of the younger children had a sorethroat. On the Sunday (12th) the mother noticed her own throat sore. She had backache, and was very ill for a few days, but is better now. The fauces are still much congested, and the left tonsil has a large hole in it showing

what mischief has been there. On Tuesday (14th) the brother's throat became bad, but his case I shall relate in full after that of his sister.

The patient was of medium size, florid, rough skin. The tongue was of a dirty-brown colour. Bowels confined. She had taken "pills" on that account. Catamenia irregular; nothing seen the last two months. Pulse 128, feeble, soft; temp. 103·8°. She has been sick. Is very thirsty, but can scarcely swallow even liquid. The fauces are much congested. The tonsils meet and block up the passage; matter pointing in several spots. She has headache. *Calc. Sulph.* 12x trit., gr. $\frac{1}{6}$, *Bellad.* 1, gtt. j, 2 h. alt.

19th.—Throat very much better; can swallow well now. Catamenia came on yesterday and are still flowing (this is the third month since their last appearance). She was very delirious all night, and got out of bed several times. Pulse 112, temp. 102°. Tongue dry, furred. Has been very thirsty. Bowels moved naturally. Skin hot and dry; has had no perspiration. Pupils dilated. Face dusky. No eruption. Tonsils large but much less inflamed. *Acon.* 1, gtt. j, 2 h.

21st.—Pulse 64, feeble, and rather irregular; temp. 98·4°. She has been very excitable, laughing and talking, but this morning she has slept and is now quieter. Skin dry. Urine scanty. Tongue clean. Bowels regular. Appetite better. The catamenia continue, but scanty. The pupils are still rather dilated. Rep.

23rd.—Has slept quietly, and is now herself in nearly all respects. Catamenia over. Appetite good. *Ars.* 3x, gtt. j, t. d.

25th.—Convalescent. She did not desquamate.

The next case, that of the brother of the last patient, aged 30, had an unfortunate sequel. The patient was an unmarried man, large, extremely powerful, and very well made. He was of a fair, sandy complexion, and of a slow, lymphatic temperament. Without being actually intemperate, he was somewhat careless about himself, and passed a good deal of his spare time at the usual place of public resort in a village, the ale-house. He drank a good deal of beer. He was, like

his father, a wheelwright. I found him on the 16th of April, when I first saw his sister, suffering like her, from sorethroat. It began with him on Tuesday the 14th, the day after his sister was taken ill with her throat. Previously he had been in good health. I found his throat much swollen, the tonsils very large, just as in the case of the last-named patient. I gave him, like her, *Bell.* 1 and *Calc. sulph.* 12x, to be taken in the same way.

April 19th.—Is very much better. Tongue much cleaner. Bowels open. There is very little pain in the throat now. He is very weak. I gave him *China* 1, gtt. j, quarter die.

21st.—He appeared to be quite well and considered himself so. Beyond giving a few general directions, I did not consider him as requiring further treatment.

On the 21st of May, just a month later, I was not a little astonished to see this patient walk into my dispensary, having come a journey of six miles, looking very puffy about the face, and with his legs œdematous and pitting.

The history he gave was that he first noticed his face and legs puffy a week ago, but that he had felt quite well all the time, and did so on the day of his visit. The tongue was rather dirty. There had been no desquamation. He ate, slept, and worked well; and had no urinary difficulty. He had not taken cold.

He had not brought a specimen of his urine with him, and I had no convenience at hand for testing, and judging by the absence of all constitutional symptoms, I concluded that it was probably one of those anomalous cases of dropsy following scarlatina without any discoverable kidney lesion, such as I have seen, and such as do occur, as pointed out by Niemeyer. In this conclusion, however, I was greatly mistaken, and the case has been a warning to me ever since. I gave the patient *Apis* and ordered him to be kept warm and quiet, and to send me word how he was in a few days, but not to come himself.

I should have said that, in the limited accommodation usually found in cottages in the country, the patient had occupied a sleeping-room which was little more than a

closet, and contained far less than the regulation amount of cubic space prescribed by Government as necessary for each adult.

On the 24th I received word that his legs were no better though he felt quite well in himself. I now gave him *Arsenic* 3, gtt. j, 2 h.

27th.—No better. Legs not quite so large. He has a cough which causes pain in his head when he coughs. His back is very painful. Appetite good. He sleeps well. *Arsen.* 2, *Canth.* 1, 1½ h. alt.

31st.—Same generally. Not so much headache. The usual quantity of urine. The urine contained two thirds of albumen. Under the microscope a few hyaline tube casts were seen containing yellow granular cells embedded; a few bacteria, micrococci, solitary and in clusters; a mass of yellow granular matter with yellow cells and micrococci scattered about; epithelial cells. I gave him *Canth.* φ, gtt. ⅓, and *Liquor arsenicalis*, gtt. ½, 1½ h. alt.

June 2nd.—There is now general anasarca but no ascites. No headache. No pain in the back. He feels well. Bowels regular. Appetite good. The urine is normal in quantity. There is not so much albumen; it is clearer to the naked eye. Pulse 76, temp. 99·2°. He told me that he had not felt in the least poorly before the swelling of the face began. He had not caught cold during his convalescence, and though he had taken a little beer, he has not taken much. Before his illness (sorethroat) he had had a cough, and it had returned but was better now. When I first saw him he had rather a bloated appearance. I gave him *Liq. arsen.*, gtt. ½, 2 h. I put his legs in a pack and instructed his mother how to repeat it.

June 4th.—The legs are much less œdematous. Tongue clean. Bowels open. Appetite good. There is a large quantity of urine but the proportion of albumen is not so great. The microscope shows a few micrococci, a few red blood-corpuscles and leucocytes. Pulse 62, temp. 98·6°. Rep.

12th.—Is much paler. Not so much swollen. Tongue clean. Bowels regular. Appetite good. Has had much

headache lately, but not to-day. Arms and chest swollen. Pulse 64, dicrotic. No cough. Heart-sounds muffled; first at apex prolonged and reduplicated; second at basis impure, reduplicated at times. No pain in the back. Temp. 98·4°. Urine, quantity same; naked-eye appearances same. Microscopical examination showed hyaline and granular casts, studded with round cells, full of granules; leucocytes and coloured blood-corpuscles floating about; vibrios and bacteria; few micrococci; epithelial scales. Rep.

14th.—Swelling same. Tongue clean. Bowels open. Appetite good. Very little headache. Urine contains very much albumen; leucocytes; no coloured corpuscles; no micrococci.

17th.—Same generally. Legs more swollen. They do not yield to packing. Has had headache. Urine much better, only one sixth albumen. *Phosphorus* 2, gtt. ij, *Phytolacea* ϕ , gtt. ij, 3 h. alt. [The latter was given, as far as I remember, under the impression that as *Phytolacea* is so serviceable in diphtheritic conditions of the throat it might be of use in the sequelæ.]

21st.—Had much pain between the shoulders yesterday, also headache. Legs much swollen again. Tongue clean. Appetite good. Bowels open. Good quantity of urine, paler; albumen one half. *Liquor arsenicalis*, gtt. ijs, *Digitalis* ϕ , gtt. ss, 2 h. alt.

23rd.—Better generally. Anasarca less. Rep.

July 12th.—He was improving but had an irritable eruption on his legs (*Arsenic*?). He went out, contrary to instructions, and took cold. I found him very pale. Has headache. Albumen one fourth, much less than it has been. In my absence he had received *Tereb.* 1; I now gave him *Tereb.* 1, gtt. j, and *Digit.* ϕ j and js, 2 h. alt.

16th.—Breath very short at night. Headache at times. Very feeble. Appetite bad. Urine same. *Terebinth* 1, gtt. j, *Arsen.* 2, gtt. j, 2 h. alt.

18th.—Weaker and paler. Not so much urine. *Canth.* 3x gtt. j, *Ferrum metal* 6, gtt. j, 2 h.

He now passed into the hands of an allopath, as I could not give his friends any hope of his recovery. I heard

afterwards that his decline in health became very rapid. He had convulsions, became blind and speechless, but recovered his speech, and died on the 22nd of August.

Whilst in attendance on this family I was asked to see a neighbour of theirs living in a house close by but not adjoining.

Mr. H—, æt. 56, an active man, spare, of medium size, was a shopkeeper in the same village. He has suffered much from palpitation and has been told he has hypertrophy of the heart. In his youth was very active and over-exerted himself. He is still active. His heart has been quieter lately. He is not so nervous as he has been.

I saw him first on the 19th of April, 1879. Three days previously he had been taken with sorethroat and general malaise. He had been getting worse till the day I saw him when he had kept his bed. I found him with a faint scarlet rash over his chest and body, the skin being moist. The tongue was covered with a thick white coat. The fauces and throat were of a dusky red. The tonsils not swollen. The bowels were open. Pulse 107, temp. 101°. I gave him *Acon.* 1, gtt. j, *Merc. sol.* 6, gtt. j, 2 h. alt.

April 21st.—Pulse 96, temp. 100·8°. Eruption all over legs now. Throat well. Tongue clean. Bowels not moved. Has slept well.

23rd.—Very much better. Pulse 72, temp. 98·2°. The arms have been full of the rash, but now all has gone except a little remaining on the legs. The skin itches. Tongue clean. Bowels open. Appetite good. He has slept well, but has wandered much in his sleep. *Ars.* 2, gtt. j, quarter die.

25th.—Convalescent. Skin itches, no peeling yet. Rep. He afterwards desquamated freely.

My notes do not say whether this patient had had an attack of scarlatina before, but if I remember rightly he had not. I cannot trust my memory, however, sufficiently to be positive on this point, and must therefore disregard it in drawing conclusions.

These three households were all that came under my immediate notice during the epidemic. They contained altogether ten persons more or less affected by the scarla-

tina poison. Eight had had attacks of the disease previously, and all these had the disease in a modified form. They had sorethroat, general malaise, no eruption, no desquamation. In one case acute nephritis followed the sorethroat, ending in dropsy, convulsions, and death in four months. In the one case in which there had been no previous attack of the disease, and in the case where this point is doubtful, the full course was observed, the eruption and desquamation being well marked. In the case of the boy there were symptoms in the course of the secondary fever which made me suspect the presence of typhoid as well, but the rapid recovery proved that this was not the case. There was secondary adenitis, with slight albuminuria, and congestion of the liver. All these disappeared rapidly under treatment. In the case of the adult the disease was exceedingly mild and free from complications.

The first question that arises in our minds is, To what extent does one attack of scarlatina protect a person from a future attack? For my part I do not entertain a doubt that one and the same agent, the scarlatina poison—whatever that may be—was the cause of the illness in all these cases. I have no doubt that in the case where nephritis came on and ended so unfortunately, the kidney affection was brought about through the same agency, in a subject, it may be, rendered peculiarly susceptible to that action of the poison through previous habits of life.

Of course, it is not an unknown thing for persons in an exceptional way to have scarlatina twice in the course of a lifetime. But here were eight persons in two households, all of whom had had the fever before, and all more or less affected by the infection on being exposed to it a second time. I have repeatedly seen nurses, as in the case of these two mothers, affected with sorethroat and general illness for a few days when nursing scarlatina patients.

In the light of these facts, it seems to me that we should answer the question I have propounded in this way. One attack of scarlatina does not destroy the susceptibility of a patient to the disease in future. It lessens that susceptibility; but wherever the infection becomes intense there

will be a liability to take the disease in a modified form. This form of the disease, though generally unattended with danger, is not always so; the possibility of the sequelæ of the fully developed form following the modified disease should be borne in mind and guarded against.

I cannot find anything in the facts I have narrated that will warrant me in drawing conclusions as to the infectiveness of the modified disease. Except that the freedom from desquamation does away with the danger of infection on that score, one would expect the modified disease to be as infective as the fully developed form so long as the fever and sorethroat lasted. The epidemic influence, however, was so strong and so wide-spread in this village that there was no possibility of saying how the infection was conveyed. In the case of the girl its operation was very rapid. The first symptoms showed themselves on the second day after her arrival home. This is not so rapid, however, as in one case mentioned by Trousseau, where the period of incubation was only twenty-four hours (*Clinical Medicine*, vol. ii, p. 166, Sydenham Society's translation). I did not then believe (as I have what I think to be good reason to do now), in the prophylactic power of *Belladonna* in this disease; and even if I had there was not much opportunity of giving it a trial in these instances, as the majority of the members of the two households had become infected before my services were called for.

There remains to be considered the question of treatment.

In the first case, that of the boy, the throat affection seemed to yield very satisfactorily to *Bell.* and *Merc. bin.* In the secondary fever with the gland and liver affection and typhoid symptoms, whilst *Acon.* and *Bell.* did not seem to be of much service—though the gland lessened under their influence—the aspect of the case changed markedly for the better when he was put on *Arsen.* and *Baptisia.* The rheumatic symptoms also subsided quickly under these medicines; and a few intercurrent doses of *Cantharis* were sufficient to render the urine normal when it had become scanty and albuminous.

In the cases of the brother and sister, rapid improvement

in the condition of the throat was noticed under the *Sulphide of Calcium* and *Belladonna*. I regret that in the brother's case, who appeared to be much the less severely affected of the two, and who recovered more quickly from the immediate effects, I did not give *Arsenicum* instead of *China* to help to complete his recovery. As regards the treatment of the nephritis I fear nothing very substantial can be claimed for any of the remedies employed. It was, however, marvellous how his general health and strength kept up in spite of the kidney lesion, and it was almost impossible to persuade the patient to believe that his condition was as grave as it was. In fact, it was impossible, and on one or two occasions it led to imprudence on his part, which apparently contributed to the result if they did not determine it. His diet consisted largely of milk which he took well. *Arsenicum* and the *Liquor arsenicalis* appeared to be the most serviceable of all the remedies given.

In the last case I did not give *Belladonna* at all. The dusky redness of the throat, the moisture of the skin, the tongue, and general condition appeared to me to indicate *Mercurius*, and I gave that medicine in alternation with *Aconite*. Under these two medicines the disease ran a very mild course, although the patient was not a very promising subject. *Arsenic* was the only other medicine given, and under this he convalesced satisfactorily.

A NOTE ON THE PREPARATION OF CARBO.

By P. ПРОCTOR, L.R.C.P.

THE microscopical investigations into the divisibility of *Carbo vegetabilis* entered upon by our American confrères last year ended unsatisfactorily, it being left a matter of doubt whether the microscope left unrevealed as much as it revealed; but, as far as the revelations went, it was clear that an immense proportion of the triturated carbon remained in

large microscopical masses. It is, therefore, evident that a finer and more uniform division of the substance is wanted, and I beg to suggest, for further investigation, a mode of preparation that commends itself as supplying this desideratum. Whether there is or can be any essential difference between *Carbo veg.* and *Carbo anim.* is doubtful, for if both are efficiently prepared the nature of the process ensures uniformity of result, for chemistry is very definite on this point. The substance we have to our hands is pure carbon, the other organic constituents having been got rid of by the most efficient of destructive agents, fire. The only supposable difference being in molecular cohesion. As both these forms of *Carbo* are open to the same objection of difficult division under the triturating process it occurred to me that we might obtain a better preparation in another way, viz. by volatilising our carbon, and so obtaining it first in that very pulverisable form. I selected *Camphor* as the purest form of hydro-carbon available, and after dissolving it in pure spirit burned it in a spirit lamp and collected the soot on a clean earthen plate. Three grains were collected, and as it was contaminated with the products of imperfect combustion it was submitted to a dull red heat in a test-tube. This drove off these products in the form of yellowish vapour, and after a short time left the carbon in as pure a state as is known. The powder left behind was of a fine glossy black, inodorous, and tasteless, and extremely light and pulverulent.

Its ready divisibility on an improved scale was evident on making the 1st centesimal trituration, which, after five minutes' trituration, gave a dark brownish-black result. On comparing it with the ordinary preparation it was fifty times deeper in colour, for one grain of this 1st trituration ground with fifty grains of *Sac. lactis* gave a tint equally dark to that of the 1st trituration of the ordinary preparation, so showing its greater minuteness of division. In mixing equal quantities in water the 1st trituration of the new preparation gave an inky darkness, whilst the old gave but a greyish one. Under the microscope with a quarter-inch power the division appeared also to be much finer, and

none of the lumps that we find in the old preparation were present. The whole substance appeared to be equally distributed. The 2nd and 3rd triturations I have not yet examined, but feel convinced they will equally show their superiority in this respect.

The first objection that will be made to this mode of preparation will naturally be that as Hahnemann made his provings with the drug prepared in his way we must follow in his steps to get the same result. To this it may be replied that we have not hesitated to use precipitated metals in place of those obtained by rubbing on a hone, &c. Indeed, the new preparation of *Carbo*, which I would designate *Carbo sublimatus*, is as much more finely divided as precipitated gold is over the triturated gold leaf, only instead of being precipitated it is sublimated. By such means we are justified in expecting we shall get a more efficient medicinal agent.

Another objection may be offered that fuligo is one thing and *Carbo* another. This is quite true, for fuligo contains along with carbon ammoniacal salts, pyroligneous acid, and other products of imperfect combustion, and it is to get rid of these that the carbon from the camphor is subsequently heated to a dull red heat in a glass tube or a crucible. The incandescent heat in this second stage does for the carbon what the fire does for the wood on the old method, viz. secure purity, whilst the volatilising of the carbon in the first place secures what we so much desire, a fine molecular state of division, and one that appears to be more favourable for subsequent treatment by our methods of preparation.

I regret that I have not the clinical illustrations ready in support of these anticipations, for the matter is but recent to me, but shall be disposed to apply the final test when opportunity offers. In the meantime the subject is offered respectfully for further inquiry in the microscopic and vital directions, accompanied by such recommendations as I have been able to mention.

AMEKE'S THERAPEUTICS FOUNDED ON HUMAN CHEMISTRY.

[SCHUESSLER's therapeia, as our readers are aware, consists in the administration of the chief mineral constituents of the different organs and tissues for the diseases of these organs and tissues. Though not homœopathy in Hahnemann's sense of the word, it may be considered as a kind of homœopathy, or, perhaps, we might rather call it "organopathy," and the experience of many practitioners testifies to its success in many instances. Dr. Ameke, of Berlin, a professed adherent of homœopathy, seeks to found a therapeia on the administration of the chemical compounds that are formed or increased in pathological states for the corresponding diseases. He lays down the following axioms: 1. The chemical compounds occurring in the human organism may in certain circumstances be efficacious remedies. 2. The chemical compounds found in certain organs or tissues may in certain circumstances when these are diseased be employed as remedies. 3. The chemical compounds occurring or present in increased quantity in a certain diseased part may be useful as remedies in that disease.

The chief substances he has experimented with are urea, xanthin, hippuric acid, allantoin, mucin, neurin, leucin, cholesterin and lactic acid. The results of his experiments are detailed in the *Zeitschrift des Berliner Vereines homœopathischer Aerzte*, vol. i, pt. v. As his paper has excited much attention and a good deal of criticism among German homœopaths, we think it will interest our readers to know what he says.]*

UREA, $\text{CH}_4\text{N}_2\text{O}$.

occurs :

A. *Physiologically.*

A chief component part of urine, in which it is excreted to the extent of 25—40, o pro die. The quantity of the urea is dependent on the mass of the body, on the nitrogenous

* The author airs some very heretical opinions on the subject of homœopathy proper, which we refrain from noticing here.

contents of the food, and on the quantity of fluid that flows through the body in a given time. Moreover, it has been found in the blood, in the chyle, in the lymph, in the liver, in the spleen, in the lungs, in the brain, in the ocular fluids, in the lens and vitreous body, in the bile, in the amnion fluid. Warm baths considerably increase the excretion of urea, so also hypodermic injections of phosphorus. Sulphate of quinine diminishes the excretion of urea. Urea is not exclusively produced by the oxydation of the albuminous matter, it may arise also from simple fission.

B. Pathologically.

In all acute febrile diseases (pneumonia, typhus, &c.) the course of the excretion of urea is usually as follows.—At the commencement and until the acme of the fever is past, the quantity of urea, in spite of low diet and of diminished quantity of urine, is generally increased, sometimes to a very considerable extent, to 50, 60, or even 80·0 in 24 hours. But this increase of the urea does not always advance *pari passu* with the increase of the temperature of the body. Later on, as the fever declines and the increased changes of material have stopped, while the disturbance of the appetite has caused a diminished ingestion of food, the quantity of urea declines below the normal. During convalescence it gradually rises to the normal again. The regular course is greatly modified by individual peculiarities. In intermittent fevers the quantity of urea is decidedly increased. This increase commences before the invasion of the chill. In pathological conditions urea has been found in the sweat, in the saliva, in the vomited matters, and in dropsical transudations. In the last-named states it is frequently considerably diminished in the urine because a portion of the urea produced, dissolved in the dropsical fluid, is retained along with this fluid in the body. With a spontaneous or artificial increase of renal activity, the excretion of urea is again immediately increased.

Urea forms thin, long, one-sided, often internally hollow, colourless semi-transparent prisms, which dissolve in warm water in every proportion, in cold water and boiling alcohol

in equal parts, and in cold alcohol in the proportion of one to five.

I have generally given *Urea* in doses of three to five drops of the third or fourth centesimal dilution. It was employed by me in the following diseases, in acute affections every hour or two hours, in chronic, two or three times a day.

Catarrhal gastric fever.—In many cases the proportion of successes to failures appeared to me to be three to one.

Febris Typhosa.—In two cases when *Urea* was employed a rapid decrease of the fever occurred. A typhus abdominalis, which had been treated three weeks without benefit, terminated fatally after eight days' use of *Urea*, though in the first twenty-four hours the temperature fell temporarily 1.5° .

Rheumatism. articul. acutus.—In three cases the pains were allayed in from six to twenty-four hours; in as many cases the result was unsatisfactory. In one of these cases *Hippuric acid* gave rapid relief, and when, after two days, its good effects ceased, *Xanthin* relieved. In the two others *Xanthin* was useful.

Scarlatina without diphtheritic complication. In five cases the febrile symptoms declined after from twenty-four to forty-eight hours.

Pharyngitis acuta.—Seven successful, one unsuccessful.

Tonsillitis acuta with threatened but not actual suppuration.—Four failures, abscess occurred in all.

Erysipelas faciei.—Two successes.

Conjunctivitis catarrhalis.—Three successes, one failure.

Conjunctivitis et blepharitis scrofulosa.—Three successes, two failures. In one of these cases a cure occurred under *Hippuric acid*, the other ceased attendance.

Keratitis scrofulosa.—Four successes from *Urea*, in three no, or at least unsatisfactory, results. In the first case I substituted *Kreatin*, in the second *Leucin*, both unsuccessful. In the third, a child aged four, *Xanthin*, *Glycogen*, *Chlor-rhodin acid* and *Nuclein*, which had all proved useful in similar cases, did no good. Kreuznach baths cured.

Conjunctivitis tars. et blepharitis chr.—One success.

Otitis med. acuta.—Two successful cases. In one case, in spite of suppurative perforation of the drumhead, violent

pains persisted; in this there was great injection of the vessels of the malleus without apparent exudation. In both cases the pains were allayed in a few hours after half-hourly administration.

Otitis med. chronica.—Two successes.

In one patient, a boy, æt. 3½, there remained, as a sequela of scarlatina a year ago, moderate power of hearing; he recovered after eight weeks. The other case, æt. 10, had hardness of hearing for nine years, with perforation of the drumhead following suppuration, which only occurred rarely and in slight degree. Hearing power: the words "three" and "six," when pronounced in a loud whisper, could only be heard close to the ear. After sixteen days the hearing power had increased to three metres.

I can remember several failures.

Laryngitis acuta.—Two cases of swelling of the mucous membrane of the arytenoid cartilages and false vocal cords. One failure in the same affection (hoarseness for two days), in which *Uric acid* was also useless. The patient ceased attending.

Laryngitis chronica, with swelling and bluish-red injection of the false vocal cords without ulceration.—One failure.

Lymphadenitis acuta.—Two tolerably rapid cures. No redness of the skin.

Eczema acutum.—Two successes.

Eczema chronicum.—One apparent cure, two failures. I lost sight of both cases.

Combustio.—In four cases of slight burns of the skin I gave *Urea* [∞]3, three drops every half minute; the pain went off in two or three minutes.

Synovitis of the knee-joint.—Two successes.

In one case the process, complicated with peri-arthritis, had been treated for thirteen weeks with *Iodine*, ice, &c., without advantage. The patient was an otherwise healthy girl of 20. The slightest movement caused intense pain, on account of which the knee was put in splints. *Urea* [∞]3, five drops four times a day. After nine days the splints were removed and the leg could be moved, when the knee was not flexed, pretty strongly without pain. After continuing the *Urea* for four months she could walk without crutches. Complete ankylosis remained.

The other case was that of an otherwise healthy woman, æt. 36. She came under my treatment on 11th October, 1878, on account of chronic hydrarthrosis of the left knee, which she had had for seven years. Fly blisters, *Iodine*, strong compression bandages, had produced amelioration for days or weeks but no permanent cure. Even in her days of amelioration the leg was put down unsteadily when walking and was somewhat dragged. *Aurum stibic.* $\infty 3$, five drops three times a day, caused the exudation to diminish as much as painting with *Iodine* had done previously; in four weeks it was quite gone. Then the right knee, that had hitherto been well, showed signs of commencing synovitis; under *Bryonia* $\infty 1$ the inflammatory symptoms increased so much in two days that the agonising pains caused the patient to shriek. The knee was much swollen and hot, without redness of skin; the intense pains extended up to hip-joint, which, however, was not involved in the inflammation. *Urea* $\infty 3$, five drops every hour. The next day the pains were still violent but somewhat slighter; the second day considerable amelioration; the fourth day after commencing the *Urea* the knee could be moved a little without pain; after fourteen days the patient left her bed; after twenty days there only remained a feeling of weakness alternating with drawing pains in both knees. These symptoms continued for three months, during the continued use of *Urea*. (The hydrarthrosis had not returned after half a year, whether owing to the *Aurum stib.* or the *Urea* I cannot say.)

Gonorrhœa acuta.—From twenty to thirty cases were cured within six weeks. At first *Urea* $\infty 5$ was given in doses of five drops every two hours. On the decline of the inflammatory symptoms (not before), when necessary, *Acid. tart.* $\infty 4$, or *Alloxan* $\infty 4$ was given, four doses per diem. I have not yet met with a failure in the way of complication, gleet, &c. The patients had to avoid spirituous drinks, and the cure was quicker the greater the rest maintained.

Ulcus syphiliticum durum.—Two cases cured in six and seven and a half weeks by *Urea* $\infty 3$.

Ulcus syphiliticum molle.—Several cases cured in from three to eight weeks by *Urea* $\infty 3$.

K—, æt. 25, had suffered for four weeks from ulc. molle

on the prepuce, and swellings of the lymphatic glands on the left side, of the size of walnuts, painful on pressure. *Urea* $\infty 3$, five drops four times a day. After three days no change; four days later ulcer healing, bubo larger and more painful. Continued *Urea*. Eleven days after commencement of treatment the bubo threatened to suppurate, but the swelling gradually decreased; ten days thereafter was less painful on pressure, and after four weeks was only half its former size. The ulcer was healed fourteen days after commencing treatment. Was the suppuration prevented by the *Urea*?

Condylomata lata.—I have used *Urea* in four or five cases, not only internally but also externally, five drops of the first centesimal dilution dissolved in fifty grammes of water, and applied on a compress of linen rag. Relief of the pains when walking occurred very quickly, but the cure took much longer than by the use of *White precipitate ointment*.

Constitutional syphilis, papulæ syphil., laryngit. syphil. ulcerosa, plaques mucueuses, in one case of each remained unaffected under *Urea*. The action of *Urea* in syphilis is weak, but perhaps deserves attention.

It failed in cases of *periostitis acuta* (cured by *Calc. fluor.*, $\infty 5$), in *proctitis*, in *gonitis rheumat. chron.* (the last cured by *Acon.* $\infty 1$), in *orchitis* after bruise (only slight amelioration), in *ozæna scrofulosa*, in *polyarthritis chronica*, three cases.

In *intermittent fever* two failures.

One was a lady, æt. 30, in fever, of tertian type. Chill from morning till 5 p.m., and heat with exhaustion, headache, anorexia without subsequent retching. Damp, ill-ventilated dwelling. The second case was the three-year old daughter of this patient, with similar symptoms. Under *Inosit.* $\infty 4$ both were cured in eight days. Before I saw them they had been ill about a week.

XANTHIN, $C_5H_4N_4O_2$.

occurs :

A. Physiologically.

Always found in small quantities. A constant constituent of human urine, found in liver, spleen, salivary glands, pancreas,

kidney, thymus, thyroid (?), brain, in the muscular tissue of mammals and fishes. It is found (in increased quantity ?) after the use of the *Sulphur* baths of Limmer, after inunction of *Sulphur ointment* (Dürr). The causes of increased formation of xanthin in the organism are unknown.

B. Pathologically,

In pus, in some rare forms of urinary calculus, exudation of ascites, in one case of diabetes, in the urine of a leukæmic sheep (Weiske).

In its pure state xanthin forms a yellowish-white powder, which on being rubbed takes on a waxy lustre. Insoluble in alcohol and ether. In water at 16° it is soluble in the proportion of 1 to 14,000, at 100° is soluble in 1300—1500 parts of water. I made the 2nd centesimal trituration and from this made the 3rd dilution, I generally used the 4th dilution in the same way as urea.

I have noted the following result :

Rheumatismus articul. acut.—Five cases of amelioration in from six to twenty-four hours. I give the details of three.

Miss B—, æt. 25, came to me on the 31st December, 1881, on account of pains in both knee-joints and left hip, that commenced twenty-four hours previously and rapidly increased. Fever. Six years previously she had suffered for four months from articular rheumatism that commenced in the same way and lasted four months under allopathic treatment with salicylic acid. I gave five drops of *Urea* ∞3 every hour. The next day the pains were less, and after two days nearly gone, together with the fever. The *Urea* was continued every two hours. Arrest of the amelioration; on the sixth day slight exacerbation, the right elbow-joint became affected, more perspiration. *Urea* discontinued, *Xanthin* ∞4 substituted, five drops every hour. The next day considerable improvement in all the symptoms, after three days more, no more pain. The patient could be discharged on the nineteenth day after commencing treatment. *Xanthin* ∞4 was given for fourteen days longer as a prophylactic. Up till now, the end of February, no relapse.

Mrs. M—, about 30, had been treated allopathically for three

weeks with salicylic acid without benefit. The intense pains and swelling of the joints were unaltered. On the 25th December, 1879, she got pure *Xanthin* $\infty 4$, five drops every hour. Next day pains less; after six days, on the 1st January, 1880, swelling of joints nearly gone, pains inconsiderable. The medicine continued every two hours. Gradual cure. On the 25th January, she got for fourteen days 5 drops of the same medicine, three times a day, for transient drawing sensation about the joints. She had no relapse up to the autumn of 1881.

E—, a painter, had suffered for years from polyarthritis chronica with frequent acute exacerbations. Five years previously I had prescribed for such an attack 0.3 gramme *Salicylic acid* with rapid benefit; in a subsequent relapse *Urea* was unsatisfactory, whereas *Xanthin* was speedily beneficial, but *Salicylic acid* seemed to act more rapidly. In another relapse I mixed together, in equal parts, *Urea*, *Xanthin*, *Kreatin*, *Hippuric acid*, and *Uric acid*, the antifebrile power of which severally I had experienced, and gave the fourth dil. of this mixture every hour. After two days no result. I now gave *Xanthin* alone, and the next day improvement set in.

An *insuffic. mitral.* (in a girl of 9) which remained after an attack of articular rheumatism eight weeks previously, that had been allopathically treated, was rapidly ameliorated by *Xanthin* as regards its consecutive symptoms. That was two years and a half ago. Since that time there have been two exacerbations of the cardiac symptoms, which both yielded quickly to the same remedy.

Polyarthritis chronica.—Two ameliorations but not perfect cures, three complete failures.

Arthritis chron. of the metatarsal joint of the big toe.—Two slow cures.

Rheumatismus muscularis acutus.—Two successes, two failures. In one of them *Allantoin* effected a rapid cure, the other ceased attendance.

Rheumatismus musc. chron.—Three slow and gradual cures.

Conjunctivitis catarrhalis.—Two cures.

Conjunctivitis chronica.—One success, one failure, which was cured by *Chlorrhodin acid*, after *Glycocoll* and *Asparagin acid* had failed.

Ophthalmia neonatorum with laudable, cream-like pus.—One success.

Conjunctivitis seroful.—One success, one failure, in which *Allantoin* proved successful.

Keratitis seroful.—One success, one failure.

Diphtheritis faucium.—Nine successes, three failures in children who had been treated allopathically, of nine, five, and three years of age.

The last patients were one, three, and five days under *Xanthin* before death, in the last case there was at first improvement, but an exacerbation then occurred. In all the three laryngeal diphtheritis was already present.

Diphtheritis genital.

A complete failure in a girl, æt. 2, who had been unsuccessfully treated by other remedies. Twice, on two successive days, powdering with red precipitate cleansed the deep ulcers that extended to the anus; these gradually healed under *Urea*.

Acne faciei.—Four cases much improved.

Eczema acutum.—One success.

Eczema chronicum.—Two successes, one failure, which was rapidly ameliorated by *lead ointment* allopathically.

Eczema cruris chron.—One failure, cured by *chlorrhodin acid* after *hippuric acid* had failed.

Urticaria.—One success in a short time; it had been treated with other remedies four days without benefit.

Tussis convulsiva.—Two failures.

Perimetritis acuta.—One failure.

Epilepsia.—One failure.

Catarrh tub. Eustach.—One failure.

Syphilis primar. et secundar.—Several failures.

HIPPURIC ACID, $C_9H_9NO_2$,

occurs :

A. Physiologically.

In urine: the average quantity passed by the urine in healthy persons amounts to 0.17 to 1 gramme. It is found

increased in the urine after a meal, in vegetable diet, especially after plums, cranberries, *rubus chamæmorus*, asparagus, after internal use of benzoic acid, oil of bitter almonds, tolu balsam, cinnamon, china acid, &c. In the organisms it is probably always combined with sodium or calcium.

B. Pathologically.

Increased in severe fevers, in diabetes, in chorea, in icterus. Found in the scales of ichthyosis.

Hippuric acid forms large, well-developed, milk-white, four sided prisms, inodorous, and of a feebly bitter taste. Is dissolved in 600 parts of cold water, more readily in warm water, tolerably easily in alcohol, with which I treated patients, in the same way as with *Urea*, and in the same dilution.

I have notes of the following cases :

Conjunctivitis catarrhalis.—Four successes.

Conjunctivitis chron.—One success, one failure.

Conjunctivitis scrofulosa.—One success.

Keratitis scrof.—Two successes, one failure.

In this case *Urea* °3 caused remarkable decrease of the corneal infiltration, conjunctivitis and photophobia, but the cure did not advance beyond a certain stage. The *Hippuric acid* did nothing, *Xanthin* cured.

Dacryocistitis chron. catarrhal.—One failure.

Tonsillitis acuta with threatened suppuration.—One case of rapid cure without perforation, one failure; suppuration took place though *Hippuric acid* was given from the commencement.

Pharyngitis acuta.—Three successes.

Pharyngitis acuta ulcerosa.—Two successes.

Diphtheritis.—Tonsils and fauces thickly covered with diphtheritic masses. One success.

In another case of diphtheritis in a girl, æt. 2, who had previously been allopathically treated with *Carbolic acid*, *Kali chloricum*, &c., without benefit, I gave *Xanthin* with satisfactory result. An exacerbation induced me to give *Xanthin* in half hourly alternation with *Hippuric acid*, whereby the exacerbation was increased. *Apis* °4, which was given alone, gradually

effected restitutio in integrum. Later I observed in one case that *Xanthin* and *Hippuric acid* in alternation (in pharyngitis acuta) was of no use, whereas in the same case *Hippuric acid* given alone gave rapid relief.

Pharyngitis chron.—One success.

Epiglottitis chron.—One success in a girl, æt. 20.

Great injection of the epiglottis and of the entrance to the larynx, constant sore feeling in the region of the larynx, dry feeling in the larynx. The treatment by an allopath with *Iodine* and *Nitrate of Silver* locally applied had been unsuccessful.

Laryngitis acuta.—One success, one failure.

In addition to these I may relate the following cases:—A gentleman, about 60 years old, suffered from bronchial catarrh with incessant tickling cough. *Tannin* did no good; previously touching with *Argent. nit.* was of use for the laryngeal irritation. *Hippuric acid* $\infty 4$, three drops every hour or two hours removed the continued irritation to cough very rapidly.

A woman, æt. 40, complained of dry tickling cough without hoarseness. *Hippuric acid* for fourteen days had no effect, on giving *Asparagin acid* the cough, that had lasted ten weeks, disappeared in five weeks.

Bronchitis acuta with pleuritic stitches in a woman, æt. 25.—One failure.

Otitis med. acuta.—One success.

A man affected with chronic catarrh of the middle ear, had for ten days an acute exacerbation with the most violent pains, which were allayed; they were not alleviated by ten days of allopathic treatment. He frequently suffered from rheumatism. *Hippuric acid* made him quickly better.

Otitis med. chron.—One success.

A man, æt. 40, had suffered for six years from chronic purulent catarrh of the middle ear; he was also troubled with chronic rheumatism. First the rheumatism improved, then the aural affection.

Rheumatismus acutus (not articular).—One success, two failures.

One of the failures was a woman, who for ten days complained

of violent wandering pains over and through the whole head. *Allantoin* relieved in two days. In the second case, *Succinic acid*, *Xanthin* and *Hypoxanthin* were useless; I gave *Allantoin*, but was unable to ascertain the result.

Rheumatismus chron.—Five successes, one failure. In this case there were exudations in the sheaths of the flexor tendons. (Is still under treatment.)

Sciatica.—One success.

A man, æt. 25, had suffered from sciatica seven weeks. Allopathic treatment was employed without result; three days after giving *Hippuric acid* there was improvement, in three weeks complete recovery.

Polyarthritis chron.—One failure.

Eczema cruris chron., with great infiltration and intense pains.—One failure, *Chlorrhodin acid* cured. Previously *Xanthin* had been given without effect. (*Vide* under *Xanthin*.)

Condylomata lata in a man, æt. 22. A failure; *Xanthin* also failed.

I may mention the following in respect to *Hippuric acid*. Patients, both children and adults, treated with it (in the 4th cent. dil.), complained of more or less violent diarrhoea as the effect of the medicine. At first I paid no attention to these complaints, but at length could not avoid doing so as they increased in a striking manner. In other cases the patients said that after using this remedy their bowels became more regular.

ALLANTOIN, $C_4H_6N_4O_3$.

occurs:

A. Physiologically.

According to Gusserow and Herman *Allantoin* occurs in small quantities in healthy human urine. Others have only found it in the urine of pregnant women, in the fluid contents of the pregnant womb, and in the urine of new born infants during the first week after birth, in the allantoid fluid of cows, in the urine of young calves as long as they are sucking or fed with milk. Schotten found it in

human urine after taking *Tannic acid* in large quantities; Meissner and Jolly found it in the urine of dogs after taking very fat food with *Succinate of soda*; it has also been observed in the urine of dogs fed with *Uric acid*. It is formed from *Uric acid* treated with *Superoxide of lead*, *Cyanide of Potassium and Iron*, or *Permanganate of Potash*. It seems to be a preliminary stage of *Urea*.

B. Pathologically.

Städeler and Frierichs found it in the urine of dogs after impeded respiration, Köhler in the urine of rabbits after injection of oil into the lungs.

Allantoin crystallises in transparent colourless prisms, is without taste or odour. It dissolves in 160 parts of cold water, more readily in hot water. Hot alcohol dissolves it, but on cooling it is mostly precipitated. Insoluble in ether.

I gave it in the same way as *Xanthin*.

I noted the following cases:

Conjunctivitis chron.—One failure.

Keratitis scrofulosa.—Three successes, one failure.

The three successful cases were the following:

Paul Voigt, æt. 8, had been treated without benefit allopathically for a quarter of a year before coming under my care. He was somewhat improved in eight days under *Allantoin* .[∞]5, and in five weeks cured all but dimness of the cornea. Treatment not continued.

Franz Knaust, æt. 8, had been treated unsuccessfully homœopathically for four weeks for a keratitis of the left eye and conjunctivitis of the right eye, before he came under my care. Left eyelid much swollen and inflamed, great photophobia, cornea smoky. *Allant.* .[∞]5, three drops every two hours. Next day improvement; after eight days, eyelids normal, and after sixteen days all pathological appearances gone except slight redness of lids. The disease had lasted five weeks before I saw it.

Anna Dagesell, æt. 1, had suffered for four weeks from ophth. scrof., for which *Xanthin* had been used without benefit, whereupon it was changed for *Allantoin*. In eight days improve-

ment commenced, complete cure followed in nine weeks, the medicine being continued all the time.

Tonsillitis acuta.—One success.

Laryngitis acuta.—One success.

Rheumatism. acut. et chron.—Twelve successes, three failures, one of which I will give in detail.

Mrs. X—, age about 30, functions normal except violent menstrual spasms (cause unknown), has suffered from her sixth year occasionally from very violent rheumatic pains in both upper arms, from the shoulder to the elbow-joint, which even in her best times are aggravated to a painful paralytic feeling by long continued movement of the arms, *e.g.* by knitting, playing the piano, &c. She was treated allopathically with *Iron* for years without relief, the induced current was also ineffectual, the mud baths of Elster and the brine baths of Pyrmont were of only temporary benefit. The constant current was employed by me with temporary relief; the following medicines were given without the slightest benefit: *Rhus tox.*, *Puls.*, *Caust.*, *Rhodod.*, *Bryon.*, high and low, *Xanthin*, *Glycocoll*, *Glycogen*, *Allantoin*. At last I employed, for six weeks, methodical massage by a professional rubber with the same negative result. After I had done my utmost for two years, she put herself under the treatment of an allopathic physician. He prescribed *Salicylic acid*. In a few days improvement commenced, which on continuing the acid has remained till now, after half a year, with some slight relapses.

Psoriasis.—One failure.

Prurigo.—One failure.

MUCIN, $C_{48-54}H_{8-81}N_{8-50}O_{85-75}$ (Eichwald).

occurs :

A. Physiologically.

In the mucous glands, saliva, vitreous body, synovia, thyroid, lymphatic glands, in the nuclei of the connective tissue cells, connective-tissue substance (pre-existent?), in the embryonic tendons, in the gelatinous substance of the navel cord. Normal urine always contains traces of mucin in solution.

B. Pathologically.

Increased in catarrh of nose, mouth, fauces, respiratory tubes, intestine, urethra, vagina, uterus. Is found in the mucous softening of bones, cartilage, connective tissue, in the cartilages of the symphyses, and the intervertebral cartilage as senile alteration, in struma cystica, in myxoma, sarcoma, fibroids, colloid tumours, in the pus of suppurating mucous membranes. Increased in the urine (according to Reissner), in acute febrile states of the most various kinds, also in pneumonia, typhus, ague, catarrh of respiratory and intestinal tracts, meningitis, acute mania, and epileptic attacks with excitement of the vascular system, &c.

Mucin swells out in water without dissolving. Dried under the air-pump it is a greyish-brown, hard, rather brittle mass, which rather hinders its swelling in water.

If my 3rd maxim were of general application *Mucin* must be a true panacea for the whole tribe of catarrhs, for malignant tumours, struma, gonorrhœa, &c. But this is not the case, which proves that this maxim must be received with caution. It is probable also that this remedy must be further tested, or that the chemical investigations respecting this substance require a fundamental revision. The reports concerning its atomic relations do not agree. At first I used, following Städeler's directions, that from the sub-maxillary gland of the ox, then, guided by Eichwald, the preparation made from vine snails, but I am not yet able to establish any difference between them.

For its medicinal preparation I employed the preparation dried under the air-pump, and give the 4th dilution prepared from the 3rd centesimal trituration.

Polypus mucos. of the nasal mucous membrane.—Two successes, one failure.

I did not see complete cures as the patients, a youth of 17 and a girl of 5, did not reappear after improvement had set in. The failure was a man of 40, who ceased attendance after taking *Mucin* without benefit for four weeks, he had previously taken *Cholesterin* for three months with little or no improvement.

Rhinitis chron.—Two successes. Dry swelling of the

nasal mucous membrane in two girls, aged respectively 14 and 16; in one there was great tendency to bronchial catarrh.

Pharyngitis et laryngitis chron.

One success, in a man, æt. 40, with mucous secretion and frequent irritation to cough. After eight days no change was apparent; after fourteen days there was considerable diminution of the morbid state, and after three weeks all the mucous secretion had disappeared; there was only some irritation to cough when he drank anything cold. After another fourteen days some mucous secretion recurred with slight redness from injection, which again disappeared on continuing the *Mucin*.

Catarrh. phar. chron.—One success, two failures.

The success was in a woman, æt. 26, otherwise healthy. The affection, which had lasted a year, was complicated with dry tickling cough and a constant dry feeling with visible dryness of the faucial mucous membrane (some mucous secretion in the morning). *Mucin* was of temporary use in the cough irritation. *Acid. oxalic.* improved the catarrh, but not permanently. *Acid. lact.* was of no use. *Mucin* cured in about ten weeks, no relapse had occurred after three months.

One failure occurred in a woman, æt. 30, who afterwards got *Acid. oxal.*, but did not return; the other failure was a woman æt. 40, whose case was interrupted by the occurrence of rheumatism.

Otitis med. chron.—One success, two failures.

The success was a boy, æt. 4, who had taken *Allantoin* for four weeks previously without benefit.

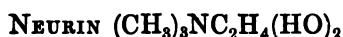
The negative effects were in a woman, æt. 26 (in whom *Acid. lact.* was also useless), and a boy, æt. 12, who for eleven years was said to have suffered from diminished power of hearing. *Acid. lact.*—usually a good remedy in catarrh of the middle ear—was powerless in this case. Under the use of *Phenylacetic acid* the hearing power was considerably improved. The patient is still under treatment.

Catarrh. bronch. acut. without fever.—One success (cure by nature?).

Catarrh. bronch. for three weeks.—One success in a man, æt. 40—whitish expectoration.

Catarrh. bronch. chron.—Two successes.

One was a child, of 8 months, mucous râles audible at a distance; the other was a woman, æt. 42, with very copious, whitish expectoration.



occurs:

In swine and ox bile; is the product of decomposition of lecithen, which may be regarded as a neurin salt of glycerin-phosphoric acid. Liebreich says he has found in urine a small quantity of an organic base resembling the *Neurin* obtained by him from the decomposition of protagon with baryta water, and which may perhaps be a product of the oxydation of the latter.

Neurin is a deliquescent, yellowish-white mass, with strong alkaline reaction.

For therapeutic use I diluted it with alcohol to the 4th centesimal attenuation, and this I used almost exclusively. Dose as with *Urea*.

Neurin seems to me to have the power of lowering the morbidly increased activity of the sensory nervous system in certain cases. Is it perhaps produced in increased quantity in such affections? So long as we know nothing about the chemistry of the nerves than that Gescheidlin has observed an acid reaction during the increased activity, the data for discovering the curative power are very uncertain.

I have noted the following:

Agrypnia.—Three successes. This diagnosis must be taken *cum grano salis*. Obviously a curative action can only be expected where a more or less primary alteration of the cerebral position is the cause of the sleeplessness.

The following cases may serve as illustrations:

Mrs. Deter, æt. 35, had suffered for three years from sleeplessness. She had a slight chronic metritis. She was often whole nights without sleep, and at last only slept for a few hours, and then could be awoke by the slightest noise, and could not again fall asleep. Her scanty sleep was moreover disturbed by anxious dreams. She had no objective morbid affection besides the

metritis. *Chloral hydrat*, *Morphia*, and other narcotics produced sleep, from which she awoke much exhausted. *Neurin* $\infty 4$, five drops three times a day. After ten days I was informed that during all that time she had slept well. The medicine was continued for five months, in which time the malady was removed with a few relapses. During this time the symptoms of metritis were very much improved. (*Neurin* readily changes into trimethylamin, the gas that has a strong odour of herring brine.)

Mr. A—, æt. 27, complained for some months, as a consequence of emotional disturbance, of deficient sleep, palpitation of the heart (which only came on at night in bed), and great liability to start, &c. *Neurin* $\infty 4$, five drops four times a day, caused speedy improvement, and a complete cure in seven weeks.

Miss Kraft, æt. 24, in other respects quite well, suffered for eight years from the following attacks: every four to six weeks, independently of the catamenia, every night, for three or four successive days, a few minutes after falling asleep she started up in great anxiety, so that she jumped up and clutched about her without losing consciousness. These paroxysms returned whenever she fell asleep again, about twenty times in one night. Besides this she was troubled with absolute sleeplessness for one year and a half, which went off on changing her climate. Allopathic doses of *Iron* had no effect. There were no chlorotic symptoms nor any other organic affection. *Neurin* $\infty 4$, five drops three times a day, produced quiet sleep for six hours on the second night. This good effect was maintained with unimportant relapses for ten weeks while taking the medicine. But the attacks above described have not as yet been much benefited.

Cephalalgia nervosa.—Four successes, three failures.

Clara Hortke, æt. 10, suffered for eight weeks from headache with occasional hot feeling in the head, aggravated by corporeal exertion. *Neurin* $\infty 4$, three drops every two hours, effected speedy improvement. I am unable to ascertain if the disease was cured.

Mrs. Prange, æt. 33, has for two or three months suffered from headache in the occiput, temples and ears, otherwise

healthy. *Neurin*. After nine days the pain was inconsiderable ; I cannot speak as to the further effects.

Anna Köhler, æt. 14, lives in a damp cellar, and has suffered for several weeks from nervous headaches, vertigo, anorexia, chilliness. No gastric symptoms. *Neurin*. In ten days the headache was much better, and the anorexia improved.

Emma Schmidt, æt. 21, has been troubled for six weeks by a painful feeling of tension in forehead, which is aggravated by slight exertion. *Neurin*. Rapid improvement ; cure in four weeks.

The failures were the following :

Adolf Schwenk, æt. 13, has been suffering for eight weeks continuously from violent pains which spread from the nape all over the head, seldom limited to the frontal region. In the open air they gave place to a tiresome confusion of head, but immediately returned on entering a room. Exhaustion ; moderate appetite. Sleep good. No objective symptoms. *Neurin* [∞]4, and after three weeks *Protagon* [∞]3, without benefit.

Mrs. Th—, æt. 60, has been troubled with headache for a year, which occurs after moderate exertion, external cold, when walking in rainy, windy, cold weather, and often increases so as to cause vomiting. The pain is alleviated when lying, warmth has no effect on it ; the head feels cold. *Neurin* [∞]4 remained without effect. But another remedy, of which I shall speak hereafter, cured.

A man, æt. 26, with decided migraine coming on every four or five weeks and ending in vomiting, took *Neurin* [∞]4 for eight weeks without benefit, three times a day in doses of five drops. I shall also hereafter tell how he was cured.

Vertigo.—Three successes.

Heiner, engine driver, has suffered for a long time, but for eight weeks in increased intensity, from a giddy feeling, aggravated in the open air, and on one occasion causing him to fall insensible. Along with it he has occasionally pains in the sinciput. No other symptoms pointing to threatening apoplexy or spinal disease. *Neurin* [∞]4 removed all the symptoms completely in two or three weeks. After six weeks he had a slight relapse, for which *Neurin* [∞]4 was repeated. I have heard nothing since then of him.

Mrs. Wieprecht, æt. 67, was affected for months with vertigo, especially when walking, sleeplessness and palpitation of heart. Mental trouble was assigned as the cause. With the exception of gastric catarrh, which had no relation to the intensity of the cerebral affection, she seemed well, barring moderate weakness of old age. *Neurin* gave relief in a few days, and in five or six weeks, she was free from the nervous irritation.

Mr. Reuter, æt. 46, suffered from vertigo for fourteen days, which during the last eight days had increased to loss of consciousness and falling. There was congestion of blood to the head; otherwise healthy. A brother suffered from apoplexy. *Neurin* ∞ 4, at first every hour, and after two days five drops four times a day, removed the vertigo in less than eight days. Ten weeks later he had no relapse.

Catarrh. laryng. c. irritat. nerv.—One success.

Mrs. Geridin has suffered for three years on catching cold, from violent tickling cough, without hoarseness, which does not go off spontaneously. In the larynx there remains a permanent irritation to cough. The ordinary allopathic remedies *Morphia*, *extr. Hyos.*, *Chloral hydrat* used generally to relieve her. On account of extraordinary irritability of the throat laryngoscopy could with difficulty be employed. The vocal cords and walls appeared normal, the epiglottis only was somewhat injected. Under *Neurin*, five drops four times a day, the patient was rapidly cured. A year afterwards there was a relapse, for which *Kreatin* was used without benefit.

Tussis convulsiv.—Two successes, two failures.

Gastralgia.—Nine successes, three failures.

In much the greater number of this affection, some physical pathological cause can be diagnosed, so that the cardialgia can only be regarded as a symptom. Hence the curative action of *Neurin* can only come into play when there is an abnormal sensitiveness of the sensory nerves involved. In order to show the sphere of affection of *Neurin* in these affections, I will relate the following cases:

Mrs. Schulz, of healthy appearance, æt. 32, has suffered for three months, especially after getting cold feet or eating indigestible food, from violent cardialgic pains, which extend to the back, and cause her to crouch together. Appetite good,

tongue clean. Stomach little sensitive to pressure. A fortnight's use of *Neurin* $\infty 4$, five drops four times a day, removed the affection permanently. The diet was not altered. No relapse for more than three years.

Mrs. B—, æt. 50, of robust constitution, complained of gastralgia which was aggravated by movement and hunger, came on less frequently after eating. After a meal there occurs violent eructation with but slight relief. The diet was already suitable for her malady, but was of no benefit. *Neurin* $\infty 4$, four drops, four times a day, cured her very rapidly. No relapse hitherto after nine months.

Hedwig Dehne, æt. 15, otherwise healthy, had suffered since her seventh year occasionally from more or less violent pains in stomach, accompanied by increased flow of saliva. In the last months the pains, which are often violent, occurred every day; amelioration after eructation, also by rest and warmth. *Neurin* $\infty 4$, five drops four times a day. Diet unaltered. After this she had during three weeks only a slight attack, the salivary secretion became normal. The medicine was continued for fourteen days longer, whereupon the cardialgia ceased for three months, but then again occurred in a slight degree. Another course of *Neurin* for fourteen days, as above, removed the affection till now, two years since.

Miss W—, æt. 22, with normal functions, suffered for four years from occasional attacks of pain in the stomach, lasting about a fortnight, which were caused by a chill, especially cold feet, were not affected by the kind of food taken, came on with great intensity after every meal, made her crouch together, and lasted about an hour and a half. She was treated allopathically with the usual narcotics and *Magister Bismuthi*, with but temporary relief; a homœopathic treatment continued, with interruptions, for two years, had no better result. I gave *Neurin* $\infty 4$, five drops every three hours. On the second day the pain was inconsiderable, in eight days it was entirely gone. Since this two years have elapsed without a relapse.

The other five cures are of similar cases, all in females. The pain in these five cases was variously described as: contractive, so as to make her bend together, worse after eating, the kind of food of no importance; better after eating, aching independent of food, relieved by eructation and leaning back.

The failures are the following :

Mr. Follack, æt. 30, suffered from moderate dilatation of stomach. Appetite pretty good, stool normal. For three years has sought relief from various physicians, but all in vain, from the following symptoms:—Independently of eating, violent pains in the stomach came on suddenly, which extend to the back, relieved by crouching together and drinking warm fluids. *Neurin* ^{∞4} given for fourteen days gave no relief, neither did *Hypoxanthin*. The patient discontinued the treatment. That was two years since, now I would treat the affection differently, of which I will speak hereafter.

Miss Schulze, æt. 23, complains of pains in the stomach, which are aggravated an hour after eating. Anorexia, with clean tongue, pressure on the fundus of the stomach causes pain. No nausea or vomiting either now or formerly. *Neurin* ^{∞4}, four drops four times a day, though continued for twelve days, did no good. There was probably an ulcer in this case; nowadays I would give *Kreatin* in such a case.

Mrs. M—, æt. 30, fat and somewhat pasty, anæmic, had been affected with a very violent spasm of the stomach some years ago, which came on after eating ice and was a solitary attack. Since then the digestion was normal. After exposure to a draught of air lately she got a pain in the stomach that gradually increased to great violence, compelled her to lie on her back, and periodically increased in intensity. Nausea, &c., were not present. Liver not painful on pressure, but the stomach was painful when pressed strongly; though the actual pain of it was not affected thereby. *Neurin* ^{∞4}, five drops every half hour, did nothing; after four hours *Kreatin*, five drops every quarter of an hour, gave no relief, after three hours warm fomentations were of no use. The pain increased in intensity and caused syncope. I now injected 0.008 gramme of *Morph. hydrochl.*; in one minute the pain diminished, and now, two months afterwards, there has been no return of it. Perhaps in such cases a subcutaneous injection of the remedy is preferable to its internal employment.

Rheumatism.—Six successes, three failures, among the latter a sciatica that had persisted two years and had been treated unsuccessfully with other remedies.

Mrs. Hahn, æt. 57, had suffered for four weeks from very

violent pains in the whole body, especially in the arms and legs. *Cerebrin* $\infty 3$, five drops three times a day, had but little effect in fourteen days. *Neurin* $\infty 3$, five drops three times a day, caused considerable amelioration in fourteen days. Not observed further.

Mrs. Fischer, æt. 63, has been tormented for a year by rheumatism all over the body, also in the galea aponeurotica, causing violent headaches. *Neurin* $\infty 3$. After three weeks considerable improvement was reported, and the medicine was repeated. After half a year there was a relapse, in which *Neurin* $\infty 50$ did no good; I then gave the third dilution, but could not learn what effect it had.

Mr. Zimke, æt. 27, complained for eight days of wandering pains in the head, nape, chest, neck, &c. *Neurin* $\infty 3$, three drops every two hours, caused considerable amelioration in three days. I have no information as to the subsequent progress of the malady.

Mr. Fornowsky, æt. 33, came to me for wandering pains in the head that had lasted three months. He had also sleeplessness, palpitation of the heart, without objective signs, and diminished hearing of right ear. There was marked immobility of the handle of the malleus, ascertained by Sigle's method. Allopathic treatment useless. *Neurin* $\infty 3$, five drops three times a day, produced great improvement, even in the hearing. The handle of the malleus appeared to be more mobile. After six weeks, restitutio in integrum, all but a slight remnant, was reported. Further information wanting.

Emelia Grunwald, æt. 25, suffered from wandering pains in head and arms, also anorexia, as a consequence of vexation. *Neurin* five drops, four times a day. After eight days the appetite improved, otherwise as before. After four weeks more the rheumatism was gone.

Mr. Forberg, æt. 57, sought my advice for a pain in his abdomen that came on in paroxysms especially after cold feet. He had suffered from the same affection some years previously. In addition he suffers from chronic rheumatism. The abdomen all over painful to the touch. Digestion normal. *Neurin* $\infty 4$ soon cured the abdominal pain, the rheumatism was much benefited on continuing the remedy for three months. I have no information as to a complete cure.

Besides the above mentioned sciatica, I find short notes of two failures, in one of these *calc. phos.* $\infty 5$ did good, the other left off treatment.

Epilepsia.—Two failures.

LEUCIN, $C_6H_{12}NO_2$

occurs :

A. Physiologically.

In the parotid, submaxillary gland, pancreas and pancreatic secretion (very copiously), thyroid, thymus, lymphatic glands, lungs, liver (very slightly), spleen, brain of the ox, supra-renal capsule, kidney. According to Richet the hydrochloric acid of the stomach is combined with leucin. Not present in normal blood and muscle. Leucin is derived from albuminous matter and albuminoids, *e.g.* mucin, chondrin, gluten, sericin, spongin. Leucin taken into the organism, is excreted as urea. It is pretty generally found in the lower animals. In plants it is found as a constant component part of the sprouts of tares.

B. Pathologically.

In the liver it is increased in typhus, variola and "other diseases." In the bile of typhus patients. In leukæmic blood. In the blood of the hepatic and portal vessels in liver diseases. In morbidly altered human saliva. In the urine, in softening of the liver, yellow atrophy, variola, in acute phosphorus poisoning, in the evacuations of the bowels in cholera. In pus, in dropsical effusions. In degenerated cardiac muscle. In putrid decomposition (gangrene, &c.). In the dirt of the skin (decomposed epidermis), in thickened toe nails, in the scales of ichthyosis, in atheromatous tumours; it is found along with tyrosin, and by its decomposition it contributes to the bad odour of dirty skins.

Leucin forms brilliant, white, very thin and light crystalline scales, which are very slowly moistened by water. It dissolves in twenty-seven parts of cold water, more readily in hot water, in 1040 parts of cold, and 800 parts of boiling alcohol.

For its therapeutic employment I made the first trituration, and from this dilutions, of which I have hitherto given the 3rd and 4th.

The frequency of its occurrence in the organism seemed to me to promise a large sphere of action. I believe that leucin has a therapeutic influence in many affections, but its success in all the diseases for which it is apparently suitable is not very remarkable, *e.g.* gastric catarrh, chronic bronchial catarrh, intestinal catarrh. It was useless in three cases of tuberculosis, and in two cases of chronic pneumonia.

It is my most reliable remedy in *Catarrh. vesicæ*. For the last three years I have employed in both acute and chronic catarrh of the bladder *Leucin* ∞_4 in doses of five drops from every two hours to three times a day. Of at least twenty cases which I have observed during this period, I cannot remember a single failure, though among these there were several which had derived but little benefit from other treatment. I have not had an opportunity of testing it in the most severe forms of this disease.

Mr. Dehne, æt. 50, had two years before he consulted me catarrh of the bladder, which was said to be cured after fourteen days of homœopathic treatment. But the urine still remained turbid, and he passed water too frequently. Five weeks ago there was an acute exacerbation, which during the last eight days, in spite of allopathic treatment with *Opium*, *Copaiba*, *Emulsion of almonds*, warm cataplasms, &c., increased to a great intensity. There was constant call to urinate, and whilst urinating he complained of violent burning pains all along the urethra. The urine had a thick slimy sediment. Prostate not examined. I gave the patient five grammes of *Leucin* ∞_4 with orders to take three drops every two hours. After six hours he said he felt great relief; after eight days he reported that the call to urinate and the character of the urine were as they had been before this last attack, there remained only some burning in the urethra while passing water. The treatment was continued three months, until the urine became quite clear. Since that time nine months have elapsed without a return of the malady.

I would not like to be without *Leucin* in cases of nephritic affections. If the pathological change has not yet reached the last stage I have hitherto always experienced a favourable effect.

Mr. Schwertfeger, æt. 28, merchant, had been treated allopathically for two years for gastric catarrh. Nine months before I saw him, dropsical symptoms with albuminuria had shown themselves, for which *Pot. acet.*, *Tannin*, *Plumb. acet.*, diaphoretics, and the water cure had been tried with but little effect. In spite of great weakness, the patient continued in business. I did not search for morphological changes. Under the use of *Hypoxanthin* ∞^4 and leaving off the diaphoretics, the dropsy increased, so that after four days I gave *Leucin* ∞^4 , five drops, every three hours. After eight days there was perceptible decrease of the dropsical symptoms and increase of strength. The quantity of urine was apparently not increased; the albuminuria unaltered. Not till four weeks later did the patient observe an increase in the renal secretion. After seven weeks I found a decrease of the albumen to two thirds of its previous volume and complete disappearance of the œdema. The symptoms of gastric catarrh had also gradually declined; the heartburn, the frequent eructations, the constipation had yielded to a more healthy state of the digestion. The patient got medicine for fourteen days longer and then ceased treatment. Ten months later there was no return of œdema or albuminuria, but the gastric catarrh manifested itself again in loss of appetite, discomfort, pressure in the stomach even after simple food, and troublesome heartburn. *Leucin* removed these symptoms.

Dysentery.—I have seen the remedial power of *Leucin* in four cases, but must confess that in one case the bloody, slimy stools and tenesmus only yielded after ten days, and in another only after seventeen days, though *Leucin* was given from the commencement of the disease.

In *fatty degeneration of the cardiac muscle* and in affections dependent on degeneration of the heart, I frequently saw good effects from this remedy, after the employment of other remedies both by myself and some of my colleagues had been without benefit.

CHOLESTERIN, $C_{27}H_{44}O$.

occurs :

A. Physiologically.

In the bile of the higher classes of animals, in the serum of the blood, in the blood-corpuscles, in the cerebral and nervous substance (copious), in the spleen, yolk of egg, in normal transudations, smegma preputii, in the contents of the intestines, fæces, meconium. The mode and material of its formation in the organism are unknown. *Cholesterin* has been found in peas, beans, and lentils, also in cereals. It seems to be an essential constituent in all cells capable of development.

B. Pathologically.

In gall-stones, which consist mainly of *Cholesterin*. In the urine in icterus, diabetes, in fatty degeneration of the kidneys. In dropsical exudations. In pus, cysts, and echinococcus cysts, in obsolete tubercles, degenerated ovaries and testicles, in cancerous tumours, in the expectoration of tuberculous patients, in the cataractous lens, in the atheromatous formations in the membranes of blood-vessels.

Cholesterin crystallises in white, mother-of-pearl, shining, greasy-feeling scales. Under the microscope it appears as transparent, rhombic tables. It is tasteless and inodorous, and in dry distillation it furnishes an agreeable, geranium-smelling oil. Insoluble in water, soluble in boiling alcohol, from which it is precipitated on cooling in the form of crystals; soluble in ether, chloroform, benzol, and petroleum.

I triturate it with milk sugar to the third cent. trituration, and prepare from this the fourth dilution.

Owing to the great distribution of *Cholesterin* and the obscurity of its origin, it is difficult to define sharply its sphere of action.

It seems to me likely to be of use in the treatment of carcinoma, especially carcinoma of the liver. Though most of my colleagues are sceptical on this subject, I intend to investigate the matter more thoroughly hereafter in order to collect indisputable evidence. I am convinced that in this

or some other way we may by and by succeed in finding some means for combating this dreaded malady.

After many unsuccessful trials, *e.g.* in tuberculosis, catarract, suppurative processes, I am able to define a sphere of action for this remedy, though not very sharply. It appears to me that pathology has not yet provided us with any very clear substratum for every hepatic disease. There are diseases of the liver, the diagnosis of which cannot yet be scientifically established. I know not if pathological chemistry will be able to supply this desideratum, though I incline to think it can. I believe that an accumulation of *Cholesterin* in the liver (where?), with or without the formation of gall-stones, can supply us with a probable cause for some of those affections, which do not directly cause death and hence leave behind them no physical pathological changes. In order to explain my views I will relate the following morbid histories of certain liver affections and gall-stones.

Mr. Bethke, æt. 42, of robust constitution and thin, had suffered from icterus fifteen months previously, and since then from a stomach catarrh. Appetite small, much frothy saliva, flat taste, sallow complexion, moderate crepitation, much flatus expelled from the bowels with difficulty. Left lobe of the liver more sensitive to pressure than the gastric region, not perceptibly enlarged. The ordinary stomach remedies were of no use, and *Sepia* ^{co}3 and 500 did no good. *Cholesterin*, third trit., 0·1 gramme three times a day caused considerable improvement in the first fourteen days, and restored the health completely in three months.

Emilia Dräger, æt. 39, has suffered for two or three years from occasional pains in the stomach, not dependent on food, which extend to the chest and right shoulder. The hepatic region is more sensitive than the præcordium; frequent eructation of air before and after eating; appetite diminished; stool normal. Thin figure, complexion rather icteric, conjunctivæ of a yellowish tinge. *Nux vom.* gave only temporary relief. *Cholesterin*, as above, removed the pain in a few days. On account of relapses the medicine had to be continued for eight weeks. The cure seems to be permanent.

Mr. Böhmer, æt. 40, slightly pot-bellied, has suffered for four years from anorexia, full feeling after eating, weakness, great irritability, emaciation, constipation for three days at a time, hæmorrhoidal lumps. Left lobe of liver more sensitive than gastric region, no perceptible enlargement. *Cholesterin* $\infty 4$, five drops three times a day. After eighteen days the report was that the constipation, anorexia, and hæmorrhoids were all better. The medicine was repeated. No further report.

I acknowledge that the remedy in all these three cases is not very clearly indicated. "Liver more sensitive than gastric region" is a symptom depending on the subjectivity of the patient and physician. In spite of this indication I have found the remedy useless more than once. I hope to be able hereafter to say something more scientific on this subject.

In the following case the indication for the remedy was more precise :

Mr. Fliesbach, æt. 48, of ordinary constitution, has suffered for two years from periodical pains in the hepatic region, unconnected with eating. Appetite good, no derangement of digestion, appearance good. At a hospital here a kidney affection was diagnosed, but the renal remedies administered were of no use. Several other physicians were equally unsuccessful. The pains extended to the right shoulder and sacral region, came in very violent fits, and were never attended by icterus. Examination showed great sensitiveness of the hepatic region with apparently normal size of that organ. The stomach was but little sensitive to pressure. *Cholesterin* $\infty 4$, five drops four times a day. My confidence in the remedy was justified, rapid improvement set in, and a cure was effected in eight weeks, which up to the present time, now half a year, was not disturbed by any relapse.

In the following case the accumulation of masses of *Cholesterin* (gall-stones) was well marked :

Mrs. Geres, æt. 40, had suffered for half a year, after confinement from periodic extremely violent pains, occurring about every eight days. They begin as if a ball rose from the region of the uterus up to the stomach and back. This feeling was described as a violent burning, as from a hot iron. Along with

this there is vomiting, and during the whole time great diminution of appetite. Uterus somewhat anteverted. After each attack the stool was white, and the urine dark-coloured for a short time. No great icterus. An allopathic treatment with *Carlsbad salts* and *Oil of Turpentine* made no apparent impression. *Cholesterin* CO_3 , 0.1 gramme twice a day. The following day there was a sharp attack, none afterwards. Two years afterwards I was informed that there had been no relapse. The remedy was continued for thirty-two days.

LACTIC ACID, $\text{C}_3\text{H}_5\text{O}_2$.

Chemists distinguish three modifications: lactic acid of fermentation, æthylin (flesh) lactic acid, paralactic acid, and hydracryl acid.

Of these the first three have hitherto been met with in the organism of animals, the two first in the human organism. As the several forms are seldom indicated in literature, I shall not now make any distinction. The lactic acid of fermentation appears to be that most generally alluded to.

Occurs :

A. *Physiologically.*

In the gastric juice, in the contents of the small and large intestines, in the muscular substance of man, mammals, and some fish, in the juice of the contractile fibre cells, in ox-gall, spleen, liver, thymus, thyroid, pancreas, lung, brain. In the blood after prolonged muscular work. It is free only in the gastric juice and duodenum (?). (In sour milk.) The lactic acids are produced in the organism by a decomposition of sugar.

B. *Pathologically.*

Increased in the blood in leukæmia, pyæmia, puerperal fever, in the fluid of ovarian cysts, in purulent and other exudations. In the urine in rhachitis, osteo-malacea, leukæmia, trichinosis, phosphorus poisoning, acute atrophy of the liver. In the saliva in diabetes. In the sweat in puerperal fever. In osteo-malaceous bones.

For therapeutic purposes I have employed the fermentation *Lactic acid* and the flesh *Lactic acid*, but have been unable to perceive any difference in their effects. I generally use the fermentation *Lactic acid*.

Lactic acid appears as a limpid, syrupy fluid, which mingles with water, alcohol, and ether in all proportions.

I generally prescribe the 4th centesimal dilution.

In the employment of *Lactic acid* in disease neither my second nor my third axiom has proved a reliable guide. My first axiom alone, in spite of many failures, has gained my confidence, which, as I believe, has borne fruit. It is an excellent remedy in :

Catarrh bronch. chron.—I have had three successes and no failures. But I should state that the diagnosis must be very accurately made. Thus, for instance, emphysema catarrh must be excluded.

Pneumonia chronica.—It is my favourite remedy here. I owe to it many fine results, even in cases where baths, climatic treatment, &c., failed. I had five successes, two failures. Very decrepit, desperate cases are excluded.

It is, however, not my only biochemical remedy for this process. Hereafter I may take an opportunity to give more details regarding my treatment.

Catarrh. pharyng. chron. was improved in several cases, whether they were cured I cannot say.

Catarrh. cavi tymp. with rushing noises.—*Catarrh. tubæ Eustach.*—In these affections it is the most efficacious medicine I know, though some cases were cured by other remedies.

Gonorrhœa secundaria.—Many cases were very favourably affected by *Lactic acid*. I should mention that this remedy cannot cure cicatrised strictures.

In a case of *cystitis* and one of *endometritis* it failed.

In several cases of *tuberculous processes* it had no effect.

With this I close for the present my communications. The remedies I have spoken of above, and characterised so as to allow others to test them, are such as can be easily procured, as they can be readily obtained. I would particularly advise a trial of *Leucin* in vesical affections and nephritic pro-

cesses; *Lactic acid* in chronic bronchial catarrh (without emphysema) and in chronic pneumonia (not tubercular). I would advise no one to form a judgment respecting the power of any of these medicines before testing it on three cases of the appropriate disease, because some accident may cause a more unfavourable result than I have obtained. I may repeat that the communication of failures will be as thankfully received by me as of successes. In cases of failure I would beg for the greatest possible accuracy in diagnosis.

Should any one hesitate about giving such high dilutions as I have used, he may employ larger doses, *e.g.* the 1st centesimal dilution. The question of the dose is a secondary one, and may easily be determined with respect to this series of medicines. For the present I leave it quite open. Whilst these sheets were going through the press I have met with a case that rather goes against my usual dosage. In a case of typhus the temperature rapidly declined under *Urea* ∞ 1, after this medicine had been given in the 4th dilution without effect.

REVIEWS.

British Homœopathic Pharmacopœia. 3rd Edit. London :
Published for the British Homœopathic Society, 1883.

THE first edition of the *British Homœopathic Pharmacopœia*, so well edited by Dr. Madden, having met a want, it became the duty of the British Homœopathic Society on that edition being out of print to issue a second edition. Owing to the serious illness of Dr. Madden, Dr. Drury took his place as convener of the committee. And in due course this new edition, containing the necessary corrections and alterations that were required, appeared, and meeting with a ready sale was after a time out of print. The Society again appointed Dr. Drury convener of a committee to issue a third edition, which is the one now under consideration.

The editor acknowledges gratefully the valuable help received from Mr. John Wyborn, of the firm of E. Gould and Son, also the services of Drs. Hughes and Burnett, as well as those of others. Owing to the large share Mr. Wyborn had in the preparation of the book it was felt to be but fair to place the publication in the hands of his firm. The result is a handsome volume in the same binding as its predecessors, but much larger than they were, thus this edition contains 456 pages as against 396 in the second edition. The number of new medicines added is not so large, but fuller particulars given as to the characters and tests, while adding to the bulk greatly, increase the value of the book. The description of articles employed in chemical testing and of test solutions for volumetric estimations, whilst filling some pages, will not be undervalued by those who have to refer to them.

Had it been possible to have made some alterations without causing a large amount of confusion and inconvenience they probably would have been made, but where use has familiarised certain things or practices it is often well to let them stand, if they are not of vital moment, than by a radical change to get rid of them at too high a cost. When a change could be made without inconvenience of this kind it was done, thus the table of doses, which was allowed to remain in the second edition contrary to the wish of the Convener and many of the Committee to avoid some possible inconvenience, has in this edition been got rid of.

Various corrections have been made, of which a few may be noticed. The specific gravity of *Phosphoric acid* is now given as 1·058 instead of 1·055.

The average loss of moisture requiring fresh calculations is changed in different places, thus we have the average loss of moisture of *Bryonia* 80 instead of 81. *Chamomilla* 75 instead of 73. *Conium* 75 instead of 79. *Hypericum* 59 instead of 56. *Mezereum* not given before is now marked 66.

Changes have been made that will facilitate reference. Thus, *Atropine* comes in alphabetical order instead of following *Belladonna*. *Strychninum* and its compounds which are given in this edition also take their place in alphabetical order instead of following *Nux vomica*.

Corrected names are given. Thus, *Acidum oxalicum* stands as *Oxalic acid* as its present name instead of *Dihydric oxalate*. *Kali bromatum* now stands instead of *Kali bromidum*; the synonyms when necessary are corrected.

A new form of preparation, described at p. 39, called *Tincture triturations* is given.

We have lately seen a very convenient form for dispensing triturations, which we think deserves to be made "official" by notice in our *Pharmacopœia*. It is that of compressed tablets made by one of Wyeth's machines. These tablets weigh about two grains, and contain nothing besides the trituration, no moisture even being required to prepare them. We believe they were first introduced by Messrs. Walker and Marten. Those who know the difficulties patients ex-

perience in respect of the quantity of trituration to be taken at each dose, will appreciate the convenience of these tablets, one of which constitutes a dose.

The dynamisation at which tinctures from insoluble substances may be used are reduced as far as safety will allow, *Ferrum metallicum* we read "Proper forms for dispensing—1x to 3 triturations only, 4 and upwards tincture. Tincture triturations pilules or globules." In the last edition it was 5 and upwards. It is hoped that this concession to the wishes of chemists will satisfy them, and that when asked for tinctures of insoluble substances in a lower strength they will steadily refuse to dispense them.

The *characters* and *tests*, both in body of book and in appendix, have been considerably extended.

Since the issue of the last edition some medicines that it was thought would have proved more useful, and have found their way from the appendix to the body of the book, have not fulfilled their early promise, experience having shown that they were less valuable than those who recommended them thought; thus *Chimaphila* and *Iberis* still remain in the appendix, while *Acidum picricum*, *Ailanthus*, *Curare*, *Lycopus*, *Physostigma*, *Plumbum carbonicum*, and *Tarentula*, move up to the body of the book. *Cinnamon* and *Brucea antidysenterica*, now described under the name of *Augusturia spuria*, are samples of medicines removed from the body of the book to the appendix.

Additions are made to the appendix, *Acidum salicylicum*, *Calotropis gigantea*, and others are introduced.

Jaborandi is curtailed in the description to what is essential. Similar changes are found elsewhere.

Cautions as to the explosive character of *Acidum picricum* are given.

Cosmoline disappears altogether from the book. It was too similar in the termination of its name and in its commercial characters as well, to a class of advertised remedies that cannot be looked on with any favour by the profession, their composition being unknown.

The corrections made in the articles on *Phosphorus* and *Sulphur* will, it is hoped, correct all misapprehension about

them, and in the new preface due credit is given to Messrs. Thompson and Capper for their help in this matter.

Those who have looked carefully over this book will find many other additions and corrections that will show how much has been done.

Family Practice or Simple Directions in Homœopathic Domestic Medicine.—14th thousand, London: Gould and Son, 1882.

As this is the fourteenth thousand, we presume thirteen thousand copies of this work have already been taken by the public, which proves its popularity. On the title page this is said to be a companion volume to another work called: *The Principal Uses of the sixteen most important Homœopathic Medicines*, though how a volume that contains indications for the employment of fifty-nine internal medicines, besides nine tinctures for external use can be a companion to another volume dealing with sixteen medicines only is a mystery to us. This volume makes no claim to originality but is avowedly a compilation from the standard works on domestic homœopathy. The work is tolerably well done but it strikes us that the medicines prescribed are dangerously strong. We should hesitate to entrust a box containing *Acon.*, *Ars.*, *Bell.*, *Merc. corr.*, *Phos.*, in the third decimal potency, *Colch.*, *Gels.*, *Podo.*, in the mother tincture *Ver. v.* and *K. iod.*, in the first decimal to the discretion of an ignorant mother or nurse, for administration to children. We think all domestic medicines should be in pilule form and none stronger than the third centesimal.

Supra-pubic Lithotomy.—By W. TOD HELMUTH, M.D., New York; Boericke and Tafel, 1882.

Dr. HELMUTH is well known as a skilful, bold and successful operator, and his position as surgeon to the Homœopathic Hospital in Ward's Island, and to the Hahnemann Hospital

of New York gives him ample opportunities for the display of his skill and science.

The high operation for stone has certainly fallen into much disfavour in the surgical world, and yet there are occasions when it must be the best if not the only possible operation. When the stone is very large, or when the prostate gland is, as it often is, enormously enlarged, the supra-pubic operation is the only cutting operation that promises success. The great objections to this operation have always been possible peritoneal wound and urinary infiltration, but the latter is just as likely to occur in the lateral operation and the former may be easily avoided, and in these days of abdominal surgery is not so much dreaded as it used to be. The human bladder when distended presents a triangular space rising two or more inches above the pubis in which there is no peritoneum and it is here where the bladder is incised in this operation.

Dr. Helmuth presents the reader with tables relating to the cases on record in which these operations have been performed. They comprise 527 operations of which 358 were successful 135 fatal and in 34 the result was unknown. Dr. Helmuth has himself performed the operation four times, with two recoveries and two deaths. He mentions besides another case of supra-pubic operation he had, but as that was performed not with a view of removing a stone but to relieve a supposed extravasation, and was of a merely explorative nature, he does not include it in his list. It should be noted that the patient in this case died one hour after the operation and that a post-mortem examination revealed "an empty bladder, abscesses in both kidneys, a large quantity of pus in the pelvis of the right one and an immense abscess, containing nearly a quart of matter, extending from the lower margin of the right kidney to the fundus of the bladder." In addition there was a stone embedded in and occupying the whole area of the prostate.

The book is beautifully got up and does great credit to the enterprise of the publishers Messrs. Boericke and Tafel. There are coloured lithographs and many wood-cuts which greatly facilitate the right understanding of the operation.

We do not know if Dr. Helmuth's work will have the effect of making the supra-pubic operation popular among our surgeons, but whether or no, the work redounds greatly to his honour on account of its highly scientific character. The compilation of the very complete tables it contains was entrusted to Dr. E. G. Rankin and they leave nothing to be desired in respect of intelligent construction. The cases included in them extend from the year 1560 to 1881. We are proud to find that our homœopathic school has contributed such a valuable treatise to surgery, and trust it will receive from the profession the attention it merits.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Eighteenth Annual Session, Pittsburgh, 1882.

Dr. J. C. MORGAN, the president, opened the session of the Society with an interesting address, mentioning the conquests of homœopathy during the past years as in the transference of the State Asylum of the insane at Binghampton N. Y. to homœopathic management, and the partition of the Cook County Hospital, Chicago, between medical officers of both schools. He mentions too that though the army authorities are hostile to the admission of homœopathic practitioners into the army medical service, the navy authorities have no prejudice in favour of any school or medical practice. A movement similar to that which secured the twenty-third Clause in our Medical Act is being attempted in the United States, and a resolution is drawn up providing "that it shall be a misdemeanour punishable by a fine of \$500 and dismissal from office, for any officer of the United States Government, civil, military, or naval, to make discrimination in favour of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any department of the Government." The homœopaths of Allegheny

county have made a successful application to the State legislature and have obtained \$50,000 for the benefit of the Pittsburgh Homœopathic Hospital. The President earnestly recommends toleration and fraternal union among homœopaths, though they may differ in some details of doctrine and practice, and he concludes by a defence of the peculiar doctrines and dogmas by Hahnemann which would perhaps not be quite accepted by Hahnemann himself.

In the report of the Historical Committee there is an interesting paper by the late Dr. McClatchey giving the history of homœopathy in Philadelphia from its introduction in 1829 to the present time. It seems from this that the first to introduce homœopathy into Philadelphia was Dr. Ihm a native of Frankfort o. M. Philadelphia will always hold a distinguished place in the teaching of homœopathy, as it was there that Dr. Hering's labours were chiefly carried on. Philadelphia may be regarded as the headquarters of homœopathy in the United States. In Pennsylvania homœopathy has one state society, seven county societies, eight local societies and clubs, four miscellaneous societies, one medical college, two periodicals, eight hospitals (with 275 beds) and four dispensaries.

An article is contributed by Dr. Ivins on the mechanical treatment of glaucoma in which the various operations that have been proposed, abandoned, or retained are described. The author does not attempt to decide which is the best, but he tells us that sclerotomy in one shape or another is the most fashionable operation. In the discussion that followed Dr. James said he had "found *Eserin* a remedy which holds in check and controls attacks of glaucoma." He uses it in the third or even first degree of attenuation; *Belladonna* seemed to make his cases worse. If this experience is corroborated by other observers it would seem that a point has been scored against homœopathy, for *Belladonna*, or *Atropine*, has undoubtedly caused glaucoma, but so far from *Eserin* having done so, it is recommended in glaucoma by ophthalmologists of the old school, and Walker who used it with success explains its action on decidedly allopathic principles.

In the obstetric bureau Dr. Van Artsdelen relates a case of phlegmasia alba dolens in detail, but does not say that he gave any remedy whatever, nor does he state whether the patient recovered or died, or was dismissed uncured. Altogether a very unsatisfactory case.

Dr. M. M. Walker gives an elaborate analytical table of 300 cases of parturition, in order to help to ascertain whether the popular belief that children are only born during flood tide has any foundation. He finds that $67\frac{1}{2}$ per cent. of his cases were so born, hardly a sufficient percentage to justify the popular belief.

There is a very elaborate article on chorea by the Philadelphia County Society which is worth perusal. Several other papers and records of cases of treatment give additional value to this year's record. We have not space left to notice them in detail.

Index-Catalogue of the Library of the Surgeon-General's Office, U. S. Army. Vol. II. Cholecyanin—Dzondi. Washington, 1882.

THE third volume of this colossal work is fully equal to the first two. Though it is but an index of a library in Washington it may often prove of great service to a resident in England. The reason of this is the excellent arrangement of the matter and the exhaustive analysis of the periodical medical literature it contains. In this respect it is a model to other libraries. Every article in the many hundred periodicals in the Washington library is arranged under the subject treated of, separate publications are entered under both the subject and the author. If we are engaged on any particular subject we can at once see by consulting this index what authors have written on it, what is the title of their work, or if articles in periodicals, the title of those articles and the exact place where they will be found. We have employed it for this purpose, and have been astonished

at the accuracy of the references. Some idea of the completeness of this index may be conveyed by mentioning that the list of works and articles on the subject of Asiatic cholera occupies 148 of the large pages of the work, printed in double column and very small type. The homœopathic literature of cholera alone takes up $2\frac{1}{2}$ columns. If only there were such a catalogue in the library of the Royal College of Surgeons, what an assistance that would be to the student.

MISCELLANEOUS.

Poisoning by Arsenious acid.

On the 13th of June last Dr. Chappuis was called, at 12.30 p.m., to attend Mdle. X—, whom he found in bed in the following condition :—Face red and animated; eyes moist; eyelids injected and half shut; a little headache, intellect clear; tongue, cavity of mouth, and pharynx normal, without a trace of any poisonous substance whatsoever; thirst, and bad taste in the mouth—metallic taste; painful spitting; no constriction of the throat. Before the doctor's arrival there had been two vomitings, of which the matter was not saved. Abdominal region but little sensitive even to pressure; pulse a little frequent, strong, and perfectly regular; respirations easy; nothing peculiar on the skin, of which the colour was a little heightened. Although the patient stated that she had a sudden illness of which she did not know the cause, M. Chappuis judged from the totality of the symptoms that it was self inflicted, and by much pressure brought her to confess that in consequence of keen disappointment she had swallowed at 10.30, in a glass of water, a tablespoonful of a powder, of which the remainder was found hidden between the mattresses. A pinch of this powder thrown into the flame of a candle gave out the characteristic odour of garlic. Beyond doubt, this young person had taken an enormous quantity of *Arsenious acid*, which could be roughly estimated at twenty grammes. Although the patient did not present the violent symptoms we usually see in such cases, M. Chappuis judged the case to be very grave and called in M. Lecanu. Meanwhile he caused the patient to swallow 1 decagramme of *Tartaric emetic* dissolved in 200 grammes of water to make her vomit, and gave her an emollient enema of 100 grammes of *Olive oil*; a minute after vomiting of greenish liquid matters took place, with a little blood,

from which he drew some filaments with whitish particles, which a little latter M. Lecanu pronounced positively to be *Arsenious acid*. On the arrival of M. Lecanu with another *confrère*, the *Peroxide of Iron* was at once administered, in a dose at first of 125 grammes, suspended in water at the ordinary temperature. Considerable vomiting. The use of *Iron* salt solution was continued for two hours and a half, and the quantity of it certainly exceeded a kilogramme. At each glassful fresh vomitings occurred, which were repeated every five minutes. From the unfavourable surroundings of her abode, the patient was taken to the Maison Royale de Santé. There she had a violent rigor, the face became dull, the pulse quickened. Continuation of the *Iron*, which was always followed by vomiting, demulcent tisane, with two grammes of *Nitrate of Potash*. Half an hour after, very abundant emission of a notable quantity of urine. 9 p.m.—Amelioration, vomiting less frequent, tendency to sleep, disgust for drinks. 3 a.m.—Slight faintings, which recurred five or six times before the following morning. Enema containing *Peroxide of Iron* suspended in it; demulcent tisane; in the evening a purgative enema. From this moment improvement was pronounced, and continued the following eight days without accident. The patient was quite convalescent and walked about in the garden.

M. Lecanu analysed the urine of the first, second, and fifth days, and found in the specimens a notable quantity of *Arsenic*.—*Bull. de Therap.*, xxv, 229.

Poisoning by Phosphorus.

On the 27th of last April the Prussian Government ordered experiments to be made for a year with *Phosphorus paste* in place of *Arsenic* for the destruction of rats, and recommended the authorities of the different provinces to collect the results obtained in order to make it clear whether it would be well to make the exclusive use of this substance for the purpose compulsory by ordinance.

In the ministerial instructions we read that if *Phosphorus* offers

scarcely less danger as a poison than is found in the use of *Arsenic*, it has, at least, the advantage over the latter of losing its toxic properties in the course of a few days by oxidation alone. The following case, contributed by Dr. Gräbenschütz, shows to demonstration how far this opinion is from the truth :

A married couple named H— lived with the mother and brother of the wife in a little house which had been sold to them on condition of their accommodating in it the daughter of the former proprietor till her death. Tired of the last condition, and desirous of ridding themselves promptly of the young woman, after several futile attempts at poisoning, the brother of the woman H—, went to meet her in a wood and killed her with blows of a hatchet on March 14th. Five days after the body was found, and suspicion falling on the mother and brother of the woman H— these two were arrested. From the moment of his going to prison the young man urged his sister to bring him regularly the food he required, threatening if she failed to declare her complicity and that of her husband. On the other hand, the mother had said to one of their neighbours that her son was accompanied by his sister when they returned from the wood. Trembling with fear of seeing herself compromised, the woman H— conceived the idea of ensuring herself against the danger by poisoning at once both the mother and brother. Accordingly, on the 20th of March, she brought them porridge and milk in which she had mixed about a half of the *Phosphorus paste* previously purchased by her husband. The young man, repelled by the bad taste, only took a little, but the mother, impelled by hunger, ate nearly all of it. An hour after the meal the two prisoners felt ill. The mother complained of great distension of the abdomen, of anxiety, and later of heat and colic pains in the bowels ; at the same time she was tormented by a burning thirst, and desire to vomit, and soon she was taken with abundant diarrhœa which lasted the night of the 20th and 21st, and even during the latter day. The intestinal pains felt by the young man were acute enough, but nevertheless they subsided after several diarrhœic evacuations. The next day the mother's facial expression had a miserable decomposed appearance, she could hardly keep herself upon her legs, answered questions incoherently. She fell soon into quiet delirium, interrupted by lucid moments ; but on the 22nd, after the middle of the day, she

recognised nobody, anxiety and restlessness increased, and death took place on the night of the 22nd and 23rd.

The autopsy was made on the 27th of March, and presented the following features:—Anterior surface of body (especially of chest and abdomen) covered with blood-red stains, a little raised, of the size of a hemp-seed, and of a clear red tint, containing clear red liquid blood, effused between the epidermis and the cutis. Peritoneum and epiploon of a red inflammatory colour. Stomach externally coloured a dirty grey; it contained about a grain of a pale thick liquid of a greyish-green colour; on the posterior wall, a little distance from the pyloric orifice, were two gangrenous ulcers; on the great curvature a third gangrenous ulcer; villous membrane softened, veins of the stomach like thick cords. The author calls attention to the fact that the development of petechiæ in phosphorus poisoning had not been noted hitherto, and he remarks in addition that in this instance, the stains were of a clear red, whilst those which occurred in subjects of arsenious poisoning were of a dark blue.—*Bull. de Therap.*, xxv.

Poisoning by Belladonna Pilules.

THE following case is reported by G. H. Brown, L.R.C.P.E., of Brynmawr, in the 'Lancet,' of March 17th, 1883:

"A few days ago I was summoned in great haste by a man to see his nephew, a child aged three years, who had been suffering from whooping-cough, and to whom, an hour and a half previously, he had given three homœopathic pilules of belladonna. On my arrival, a few minutes afterwards, I found the child comatose, pupils widely dilated—in fact, the iris was a mere circle—pulse scarcely perceptible, gasping respiration, and skin bathed in perspiration. I applied mustard over the heart, used the stomach-pump, first to wash out the cavity of the stomach, then pumped in a little brandy-and-water. I then administered a hypodermic injection of $\frac{1}{2}$ nd of a grain of morphia, and rubbed brandy over the abdomen, which was tympanitic. In about half an hour the little patient recovered so as to be able to swallow a little beef-tea with port wine. A few minutes after swallowing it I observed

twitching of the right eyebrow, and both eyes jerking to the right side. Then the muscles of the right hand and right leg became implicated, there being about four or five spasmodic contractions to the minute and synchronous with the jerking of the eyes. None of the muscles on the left side were affected. I kept the patient partially under the influence of chloroform for over an hour, when the spasms became relaxed. I then administered an enema of warm water, which brought away a large quantity of extremely offensive fæces; then gave an enema of beef-tea. The child by this time was quite conscious and extremely thirsty. I gave it a little milk with yolk of egg. A second attack came on about an hour afterwards, but was subdued by the chloroform in a quarter of an hour. I gave it another hypodermic injection of morphia ($\frac{3}{4}$ rd of a grain), after which it fell asleep for a couple of hours, and had no return of the muscular contraction. The pupils were regaining their normal state, though the eyes were occasionally turned to the right side. There was no delirium in this case, as is usually observed in cases of poisoning by belladonna; and the unilateral muscular contraction was rather an unusual symptom. The child has now (three days after) quite recovered except for some slight aphonia."

The writer in introducing the case said it might be interesting from the fact of the poisoning having been produced by what many people imagine to be quite harmless remedies.

We should like to know a little more about these "pilules." It is possible the anxious uncle may have been deluded by some of the spurious imitations of homœopathic pilules, now in the market otherwise known by the name of "parvules," "granules," &c. In any case it is refreshing to have a complaint of homœopathic pilules as being too strong. Complaints from the quarter whence this emanates are usually to the effect that there is nothing in them. Either complaint is good enough to serve its turn and to excuse the complainers from taking the trouble to see if there is anything in homœopathy.

Poisoning by Belladonna.

SOME time ago (*Lancet*, August 20th, 1881) I reported to you a case of Stramonium poisoning, in which the inhalation of

chloroform was very successful. Last week I was called to a boy, aged seven years, who had swallowed part of half a drachm of extract of belladonna six hours before. He had become drowsy at first, but was now wildly delirious, biting and kicking those who approached him. Mustard emetics had proved powerless, and the boy appeared to be getting worse. Thinking it now too late to employ emetics, I administered chloroform for about a quarter of an hour, and left the boy in a quiet slumber. On calling next morning I found my patient at play, and learned that he had awakened quite recovered, after a quiet sleep of seven and a half hours.—ERNEST RAWSON, M.R.C.S.E.—*Lancet*, February 24th, 1883.

Poisoning by Eau de Javelle (Hypochlorite of Potassium).

IN the course of the year 1838 Dr. Boulateur and M. Barbet were called to a young woman who had poisoned herself in consequence of a disappointment in love. On entering the chamber they were struck with the smell of *Chlorine* which filled it. The patient, aged about eighteen, of strong constitution, lay stretched on her bed in a state of extreme agitation. The countenance was slightly injected, the eyes full of tears, the jaws feebly clenched. Her mouth gave out the smell of *Chlorine*. A whitish frothy saliva surrounded her lips. She experienced a sense of constriction of the fauces and right across the œsophagus, and complained of intolerable suffering in the region of the epigastrium. On placing the hand on that region the stomach was felt violently convulsed. The pulse was full and frequent, heat developed but equally distributed, the forehead covered with sweat. The people of the house gave the physician a bottle, of the capacity of 750 grammes, labelled *Eau de Javelle*, and containing about thirty to forty grammes of a liquid which they recognised at once as *Chloride of Potash*. This bottle had been returned to her full a few hours before. She had drunk all the rest as she formally confessed. The patient refusing to allow the stomach-tube to be inserted, M. Barbet proposed to administer calcined *Magnesia*; 20 grammes of it were sus-

pended in 200 grammes of sweetened water, and they prevailed on the patient to drink about half at several times. A quarter of an hour had scarcely passed before an abundant vomiting occurred, expelling about two glassfuls of a liquid strongly smelling of *Chlorine*, containing flakes of the *Magnesia* floating about in it. Two fresh doses of the *Magnesia* mixture brought on fresh vomiting, and were continued till the vomited matter had no longer the smell of *Chlorine*. Then the *Magnesia* was stopped and replaced by mucilaginous drinks. At length the symptoms subsided, the pain in the stomach grew less, and after twenty-four hours the patient could resume her usual occupation.

CASE 2.—A young woman, æt. 20, about the same time, sought for the same cause to end her days by drinking a glass of *Eau de Javelle*. Called ten minutes after the ingestion of the poison M. Barbet lost no time in prescribing calcined *Magnesia*, of which she took eight grammes suspended in sweetened water. Vomiting soon occurred as in the preceding case, and all ended without the least accident, owing to the short time the poison had remained in the stomach.—*Bull. de Therap.*, xxv, 468.

Pilocarpin and Jaborandi in Cataract.

THE value of *Pilocarpin* and *Jaborandi* in the treatment of affections of the eye has been investigated by Dr. Sandesberg. He states that in certain diseases they are useful, but he has met with some facts which suggest that their use may cause cataract. In four cases of detachment of the retina and one of serous choroiditis, in which the crystalline lens was perfectly transparent up to the commencement of the treatment, it afterwards rapidly became opaque. He also treated a horse for irido-choroiditis, and large opacities of the vitreous, giving infusions of *Jaborandi* leaves and injecting *Pilocarpin* beneath the skin. The morbid process was rapidly arrested, and the vitreous body became entirely transparent; but during the fourth week of treatment the crystalline lens was observed to become opaque. It is, of course, possible that the development of the cataract

and the preceding treatment were simply coincident by chance, but the facts are at least suspicious.—*Lancet*, November 25th, 1882.

Pilocarpin in the Night Sweats of Phthisis.

By Dr. WINDELBAUD.

THE following article in the *Allg. med. Centralzeitung*, No. 97, 1881, is an example of so-called *homœopathia involuntaria*, as we are accustomed to term the employment by allopaths of medicines in small doses, whose action is explicable on the homœopathic principle. Dr. G. Dulacska published in the *Pester Med. Chir. Presse*, No. 48, 1881, an essay in which he says that he learned from English sources that *Pilocarpin* had been employed with success in the night sweats of phthisical patients. He regards the sweats of phthisis as a state of irritation of the vagus from various causes, and hence he gives *Pilocarpin* as sedative of irritation, which, according to his own experience, and that of Ringer, Pancoast, Werkel and Murrell, is the most suitable remedy. The last-named practitioner gave *Pilocarpin* in thirty-three unselected cases in Westminster Hospital with good results. From his own experience of twenty cases he is able to testify to its successful use. He says that in order to diminish the perspiration it must be given internally and in small doses. He prescribes usually: *Pilocarp. muriat.*, centigr. 3; *Ext. gentian*, q. s., ut fiant pil. x = 3 milligr. *Pilocarpin* in each pill. The patient takes one pill between 8 and 9 p.m. If that does not suffice two to three pills at three hours' interval. More than three pills were never required in order to diminish the sweats to such a degree that the patient had only a very slight transpiration. He further observed in two cases after taking the *Pilocarpin* the temperature sank from 38.4° to the normal. Further observations are required in order to determine if *Pilocarpin* really causes a lowering of the temperature. It is, however, indisputable that *Pilocarpin* in small doses is able to check the copious sweating of phthisical patients. With these words the article closes, and the reader is left to explain

the physiological process by which such a powerful diaphoretic remedy, which must have a specific influence on the *vagus*, cures, or at least relieves, in small doses a condition which it produces in larger doses. The author omits to point out that this curative effect of *Pilocarpin* is a confirmation of the truth of the homœopathic law, and yet it is impossible to think that he is ignorant of the principle *similia similibus curentur*.—*Zeitsch. des Berliner Ver. hom. Aerzte*, i, pt. v, p. 383.

Urticaria from eating Rabbit.

I HAD the opportunity of witnessing the most interesting case of acute urticaria and spasmodic asthma I have ever seen the other evening whilst dining, showing how idiosyncrasy in certain articles of food affects certain individuals. A young lady was sitting at dinner, apparently in perfect health. She partook, amongst other things, of some rabbit, and in about ten minutes or so after she had eaten of it she was attacked with acute urticaria, showing large erythematous patches and wheals very prominent on face and neck. She then was seized with violent attacks of spasmodic asthma, which obliged her to leave the table. I inquired if she had ever suffered this before, and she informed me she had after eating hare. I have seen several instances of urticaria, and one case in conjunction with spasmodic asthma, after eating hare, showing this peculiar idiosyncrasy in individuals to certain articles of food.—JAMES STARTIN.—*Lancet*, February 24th, 1883. [We have seen the same symptoms caused by eating sole.]

Regular Medicine :—Wanted, the Rule.

A FEW weeks ago a correspondent wrote to the *Lancet* giving particulars of a case of persistent hiccough which he was unable to relieve, and asking advice from other correspondents. He had

tried "all known anti-spasmodics, counter-irritation, firm pressure around waist, pressure on phrenic nerve, and galvanism;" also "quinine and arsenic in large doses, bromide of potassium, cannabis indica, &c."

These are the suggestions he got the following week :

(1) "No one remedy can be depended on for a cure, but . . . a combination seldom fails. In my last attack I used a three-ounce dose of strong infusion of mustard seed, followed in two hours by two-drachm doses of pure glycerine, taken every three hours. I also rubbed in warm laudanum and chloroform along the course of the phrenic nerve." "Hypodermic injection of morphia and a hot spinal compress" were successful in one case; and in another spinal ice bag alternated with heat.

(2) Ten minims of opium every four hours, and scrupulous avoidance of all saccharine articles of food gave marked relief in the case of an elderly gentleman in a good social position in whom the hiccough proved afterwards to depend on cancer.

(3) A third correspondent suggests that the inquirer will relieve his patient if he will try the following treatment: "Hyoscyamine, $\frac{1}{16}$ gr.; arseniate of strychnine, $\frac{1}{16}$ gr.; bromohydrate of cicutine, $\frac{1}{8}$ gr.; every half hour *till relieved* (!), all these together. He will be able to obtain these alkaloids in the above doses in the form of little granules or pilules. . ."

(4) Acetate of morphia gr. $\frac{1}{4}$, injected subcutaneously, followed next morning by a cold water lavement, together with an aloes and gentian pill.

(5) A fifth suggests that if his patient be not suffering from worms, the doctor may find relief from administering a few drops of ether for his patient to inhale, and the following mixture prescribed:—Sulphate of ether, 3ss or 3j; ipecacuanha wine, 3ss; tincture of digitalis, 3ss or 3j; sulphate of magnesia, 3ij; chloroform water to 3vj. Two tablespoonfuls every four hours.

(6) A teaspoonful of mustard steeped in four ounces of boiling water for twenty minutes and steamed; the whole at a draught. Nitrite of amyl also suggested.

(7) Twenty drops of chloroform to be inhaled.

Nothing has been heard of the patient since.

American Homœopathic Pharmacopœia.

WE lately gave a very favourable account of this publication, which the profession owe to the enterprise of Messrs. Boericke and Tafel. Unfortunately for them it happened that a portion of the work entrusted to a subordinate was by him carelessly copied from some works that had been already published, and were consequently copyright. On the attention of the publishers having been called to this they immediately withdrew from circulation the still unsold copies of the work, and have set about preparing a new edition, under the careful revision of Dr. J. T. O'Connor, Professor of Chemistry at the New York Homœopathic College. It is hoped by the publishers that this new edition will be ready early in May. We mention the above circumstances because the *Philadelphia Medical Times* has misrepresented the facts, stating that the publishers were compelled by a lawsuit to suppress the whole edition, whereas we have the assurance of Messrs. Boericke and Tafel that there was no lawsuit, that the matter was amicably adjusted as above, and no damages were either claimed or paid. The *Medical Press and Circular* adopts the erroneous version of the *Phil. Med. Times* in its number for February 7th, and makes the most of it.

Homœopathy in Tasmania.

By a Hobart newspaper of September 12th that has been forwarded to us, we perceive that a proposition to establish a homœopathic ward in the hospital of that city, at the request of a number of influential adherents of the system, has been rejected at a meeting of the hospital board, where the principal speakers were medical men belonging to the old school, and the arguments against the proposal were of the old school too. It is hopeless to attempt to persuade a council of allopathic doctors to admit homœopathy into any public institution on equal terms, and we think that as the partisans of homœopathy in Hobart seem to be numerous and influential, they would have a better chance of establishing a hospital for themselves than of persuad-

ing the managers of existing hospitals (which are, of course, in the hands of allopaths) to give up some wards for the practice of Hahnemann's method. We may mention that the action of Dr. Kidd in the case of Lord Beaconsfield presented the most telling argument against entertaining the proposal of the petitioners in Tasmania. Here is how it reads in the speech of one of the opponents :

"Dr. Kidd found the earl very ill ; he sent for the Queen's physician, Sir W. Jenner, to consult with. He promptly refused, as the bulk of the profession would have done. Dr. Kidd then applied to Dr. Quain, and that doctor, before consulting with the homœopathic physician, asked how Lord Beaconsfield was being treated ; and when he was informed that he was not being treated homœopathically, he consented to confer with Dr. Kidd."

It will be long before Dr. Kidd's half-hearted adhesion to homœopathy will cease to exercise a baneful influence on the acceptance of homœopathy by the prejudiced person. Unfortunately Dr. Kidd is regarded as an exponent of homœopathy, which is an entire mistake, and his halting between two opinions and his practice thence resulting are looked upon as common to the disciples of Hahnemann, which they are not. But it is difficult to disabuse the public of an idea that has once got into their heads, and we may expect that for a long time to come, when we are advocating the advantages and scientific character of homœopathy, we shall have Dr. Kidd and his treatment of Lord Beaconsfield thrown in our teeth.

Dr. Richardson's Work on Obstetrics.

PROFESSOR WILLIAM C. RICHARDSON has returned from a vacation trip in the mountains of Colorado much rested and improved in health. He writes :—"I am busy at a revised edition of my work on obstetrics, and will be thankful to any of your readers for obstetrical hints of any kind. I want to make this new edition a credit to the school ; it will be much enlarged, elegantly printed and bound, and up to the times on all points ; in fine, a practical and complete work on obstetrics, a companion

volume to Ludlam on *Diseases of Women*, and Duncan on *Diseases of Children*.

"Send any hints or suggestions to WILLIAM C. RICHARDSON, M.D., 721, Chestnut Street, St. Louis, Mo."

Modest Merit.

At the banquet given on the 20th of November last to welcome the medical officers of the Egyptian Expedition, Sir William Jenner, Bart., K.C.B., Physician-in-Ordinary to the Queen, was in the chair, and in proposing Her Majesty's health he managed most ingeniously to pay himself a back-handed compliment, as seen in this extract from his speech as it appears in the *Medical Times and Gazette* of 25th November:

"Her confidence is given without stint. There is no back-thought. Confidence is entirely given to those who merit it, for she will be as clear to see the want as she is to appreciate the merit."

One cannot say of this passage that there is no "back-thought" in it. It is as clear as a syllogism. It is just as though the illustrious orator had said:—"Her Majesty is a consummate judge of merit. She only gives her confidence to those who merit it. She has given me her unstinted confidence for many years. Ergo, I am a person of merit." Or thus:—"Her Majesty is clear to perceive a want of merit. She withdraws her confidence when this want exists. She has never withdrawn her confidence from me. Ergo, there is no want of merit in me."

Evidently Sir William is anxious that his own good opinion of himself should be shared by others; perhaps if his merits had been less transcendent he might have displayed this anxiety in a less glaring manner.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE ACTION OF DRUGS UPON THE EYE.

By Dr. HUGHES.

LECTURE IV.

THE first of our still remaining list of eye medicines is

Rhus,

under which name I include the "venenata" as well as the "toxicodendron" kind of sumach.

The specific irritation which these plants exert upon the skin is naturally displayed also on the conjunctiva, and Hahnemann's pathogenesis includes many symptoms, objective and subjective, of inflammation of this membrane. They have no very distinctive characters; and, possessing as we do so many excellent remedies for catarrhal ophthalmia, *Rhus* has hardly been required or employed in its treatment. It is otherwise, however, with ophthalmia scrofulosa. The phlyctenulæ which characterise this affection are very like, if they are not identical with, the vesicular eruption it developes upon the skin; it is indeed no uncommon thing to find their presence associated with some amount of general eczema of the face. When this is so, *Rhus* takes precedence of all other remedies in strumous ophthalmia;

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and even without such indication may often do good service in it, when there is great photophobia, tendency to œdema and chemosis, and when (Drs. Allen and Norton say) there is a profuse gush of tears on opening the spasmodically contracted lids. You will find testimonies to its value, put forth from homœopathic and from old-school sources, collected by Dr. Dudgeon in his article on the drug. Its lachrymation is very acrid, and this quality is noted by Dr. Dunham as belonging to all the fluids and secretions of the body under the influence of *Rhus*. I was led by the presence of such a symptom to give it in a case of recurring gouty ophthalmia, to the very great relief and general improvement of the patient.

The erysipelatous inflammation set up in *Rhus* poisoning does not fail to show itself in the eyelids, and the plant naturally finds successful employment in phlegmonous inflammations of this part. I cannot, however, agree with Drs. Allen and Norton in considering such a condition analogous to the palpebral symptoms which accompany inflammations of the deeper structures of the eye, as orbital cellulitis, and suppurations of the uveal tract. Its value in such conditions must stand on its own merits, and their testimony to it is very strong. It is *the* remedy, with them, for orbital cellulitis. "Some alarming cases of this disease," they say, "occurring in our own experience, have been promptly arrested by this drug. In one case one eye was entirely lost, and had been operated upon with a view of providing free exit for the suppurative process, and the disease was making rapid and alarming progress in the other eye. *Rhus* 1 speedily arrested its progress." Again they write: "Its grandest sphere of action is to be found in suppurative iritis, or in the still more severe cases in which the inflammatory process has involved the remainder of the uveal tract (ciliary body and choroid), especially if of traumatic origin, as after cataract extraction. As a remedy in this dangerous form of inflammation of the eye it stands unrivalled, no other drug having as yet been found equal to it in importance in this serious malady."

In favour of this power of *Rhus* over acute suppurative

processes is a case of poisoning with the radicans variety observed by Dr. Helmuth,* in which "the symptoms were all those belonging to septicæmia. Suppuration had taken place in the ankle, which was affected with severe synovitis. Besides the symptoms above mentioned, the patient had vesicles in the mouth and throat, . . . large and purple bullæ over the leg, which was immensely tumefied and red, together with a toxæmic expression, which was remarkable in every respect."

The virtues of *Rhus* in the so-called "rheumatic paralysis," resulting from exposure of the affected parts to damp cold, are well known. It thus finds employment when loss of power of one or more of the muscles of the eyeball arises from this cause, vieing here with *Causticum*.

I have next to speak of rue,

Ruta.

Hahnemann mentions that rue was commended by Rosenstein, Swedjaur and Chomel for dimness of vision caused by over-exertion of the eyes, and points to S. 38 and 39 in his "observations of others" as showing that the plant causes what it cures. These are—"It is before his eyes, as when the sight is fatigued by reading too long," and "slight, pressure-like pain in the right eye, with obscuration of vision, as if one had looked too long and intently at an object, which distressed the eye." A Hungarian physician, of the name of Elgáji, has lately drawn attention to the same double series of facts. Asthenopia is the morbid ocular condition here indicated as the sphere of *Ruta*; and Drs. Allen and Norton commend it much in the treatment of this affection, especially when of the accommodative variety.

You will remember that it was "with euphrasy and rue" that Milton's angel purged Adam's visual nerve that he might see.

I come now to the acid obtained from our *Cina* (itself

* *System of Surgery*, 4th ed., p. 67.

the product of more than one species of artemisia), santonic acid, or

Santonine.

The reputation of *Cina* as a vermifuge naturally led to the administration of *Santonine* for the same end, and the frequent over-dosage practised showed a peculiar power on its part of causing a yellow or greenish appearance of objects in the patients who took it. This xanthopsia has since been studied by personal experiment, and by none more thoroughly than by Dr. Edmund Rose, of Berlin. He finds* the derangement of vision produced by it to have three degrees. The first he calls "colour blindness;" the patient sees all things yellow or green because he is insensible to the violet rays of light, the spectrum itself seeming as it were truncated at the end having that colour. The second is "colour confusion," in which the distinction of hues becomes lost, though all are seen; this he considers to be the condition known (from the celebrated chemist who laboured under it) as Daltonism. The third is the degree of full intoxication; in which the patient is the subject not only of illusions of vision but of hallucinations, *i.e.*, the sight of imaginary objects when the eyes are closed, under which circumstances the chromopsies of the two previous stages disappear.

Dr. Rose's inquiry into the causation of these phenomena leads him entirely to reject the theory—of which indeed there is no proof—that the xanthopsia is due to a staining of the media of the eye. He sets it down rather, connecting it with the other phenomena, to congestion of the retina, which the ophthalmoscope demonstrates to be present. The colour-confusions and hallucinations he traces to a corresponding influence on the optic nerves and the visual centres respectively. The latter he connects with the hallucinations of other senses, the vomiting (which is evidently of cerebral origin), and the spasms of the muscles supplied by the cranial nerves.

Such investigations seemed at first sight to have a

* *Archiv f. Path. Anat.*, xxviii; and *Brit. Journ. of Hom.*, xxvii, 214.

scientific rather than a practical interest. But Dr. Dyce Brown, whose quickness at seeing the therapeutic inferences to be drawn from pharmacological investigations I have already noted, has done this good work for *Santonine*. In conjunction with an oculist, Dr. Ogston, he put the drug to the test as a remedy for several of the deeper-seated affections of the eye. The results, which were published in the *British and Foreign Medico-Chirurgical Review* for 1871,* are very striking. Of the forty-two cases treated (grain doses being given) thirty-one were cured or improved; and these included choroiditis, retinitis, atrophy of the optic disc, pure amblyopia, and retinal anæsthesia. The ultimate influence of *Santonine* on the brain was manifest, for cerebral amblyopia and paralysis of the motor oculi were greatly benefited, and concomitant headaches removed. In one case, moreover, of undoubted double cataract, vision was greatly improved after some months' use of the *Santonine*, and with reference to this Dr. Brown tells us that in some experiments of Dr. Ogston's "it several times happened, especially when young kittens were employed, that within a few minutes after the animal was killed, a dense cataract developed itself in the lenses of both eyes. Within half an hour these parts became very opaque, the opacity remaining very marked after the removal of the lens from the eye." "It seldom," he says, "occurred in the eyes of adult animals," nor has it ever been observed to occur during life. Nevertheless, unless cataracts are of spontaneous origin in recently defunct kittens, the tendency of *Santonine* to produce them is evident; and that is enough for homœopathy.

I am not aware whether any further testing of the power of *Santonine* in eye disease has been carried out. Dr. Norton hardly mentions it. I myself rely on it with much confidence in that hyperæsthetic and hyperæmic condition of the organs which comes on from continuous fine work, as in seamstresses. As far back as 1862, moreover, MM. Guérin and Martin had recommended it in amaurosis, especially in that following acute choroiditis and iritis.

* See also *Brit. Journ. of Hom.*, xxix, 445.

Apropos of this it is worth mentioning that Stillé cites a case in which a child of six months took five grains of it, instead of three which had been ordered. It became amaurotic, and did not recover its sight for two months.

And now of

Spigelia.

This drug, also, first displayed its affinity for the visual organs when employed as an anthelmintic. Pain in and over the eyes, redness and injection of the whites, sparks before the sight, and distortion and irregular movements of the balls, are symptoms cited by Hahnemann from several older writers (Linning, Chalmers, Wright, and Browne). His own provings confirm them, and add fresh evidences of the power of the drug to excite pain in the eye—this being either a sense of pressure and distension, aggravated on movement, or a shooting in the eyebrow, lids, or ball.

These facts, and the general power of the drug over rheumatic affections and neuralgiæ, have caused it to be largely used by homœopathists in rheumatic and arthritic ophthalmia, when the pain is severe and of a shooting character. Dr. Angell commends it in several inflammatory affections of the eyes in scrofulous children, where, with photophobia, there is much ciliary neuralgia. It is the presence of this last trouble, whether alone or in association with inflammatory affections of the eye, which chiefly indicates *Spigelia* and which leads to its best results. The pains radiate from a point, are darting, shooting, stabbing, or lacerating, and are increased by movement of the eyeballs, and at night.

I have not said anything of the action of *Nux vomica* or of *Ignatia* upon the eyes, as the power of both seems to depend upon their common possession of

Strychnia,

with which we will now occupy ourselves.

The most marked ocular effect observed by the provers

of *Ignatia* was a disturbance of vision, which Hahnemann compares to the "spurious vertigo" of Herz:—a circle of white, shining, flickering zigzags being perceived around the point of vision, while at the same time the letters at which one looked became invisible, those which are close by becoming so much more bright. *Nux vomica* occasioned a similar symptom, and also considerable sensitiveness of vision. Dr. Anstie has observed the latter as an effect of *Strychnia* on patients taking it; they complained of photophobia, with flashes of fire before the eyes when looking towards a bright light, or even in comparative darkness after each dose of the medicine. Dr. Anstie observes that there is no increase, but rather a diminution, of the power of discriminative perception in these cases; to which corresponds Hahnemann's symptom of *Nux vomica*—"intolerance of the daylight, in the morning, with obscuration of vision."

Besides these effects upon the retina, *Nux vomica* and *Ignatia*, with their alkaloid, cause spasmodic actions of the muscles of the eyeball, with twitchings and distortions.

In old-school practice *Strychnia* has of course been used antipathically—for amaurosis and ocular paralyses. Applied in the neighbourhood of the eyes by the endermic and (later) the hypodermic method, it is said to have done great things in these troubles; and Mr. Walker reports* better results still from the instillation of a solution of a neutral sulphate (gr. iv to the ounce). Where simple functional deficiency is present, I can quite conceive that good may be wrought in this way; the *modus operandi* seems akin to that of galvanism. Homœopathy has employed both *Ignatia* and *Nux vomica* in spasmodic affections of the ocular muscles: the former being very effective in some cases of morbid nictitation. *Nux vomica* takes a high place in the treatment of strumous ophthalmia for the relief of the photophobia. Morning aggravations are regarded as characteristic of it here (thus distinguished from *Conium*), and Dr. Dunham says that when this circumstance is present, the digestive disturbances of the drug will generally be found

* *Op. cit.*, p. 149.

coinciding in the patient. Drs. Allen and Norton commend it in amblyopia potatorum, to which it is obviously homœopathic, the amaurosis of alcohol being much more irritative in character than that which results from tobacco. Another observation of theirs forcibly recalls a case of my own in which *Nux* acted finely:—"Hyperæsthesia of the retina," they say, "with frequent pains to the top of the head, sleepless nights, and awakening cross in the morning, was promptly relieved by *Nux vomica*." The "pains to the top of the head" remind one of Dr. Ferrier's localisation of the ultimate visual centres at that point. My patient had, on first looking at daylight in the morning, a dazzling, blinding distress extending just to two spots on each side of the sagittal suture, and use of the eyes at any time caused pain there. It was a case of brain-fag.

The last of my eye-medicines is

Sulphur.

In Allen's *Encyclopædia* this drug has nearly 200 eye-symptoms, most of which were obtained by the Austrian re-provers, in their very useful and thorough experiments. The conjunctiva is the tissue most affected; visible redness is not great, but the sensations of burning and itching, and sometimes of pricking, are very frequent. Dryness is present rather than lachrymation or mucous discharge, and photophobia has occurred; while obscuration of vision is mentioned by several as a marked effect of the drug.

Therapeutically, as well as pathogenetically, *Sulphur* acts most on the conjunctiva, and from its "anti-psoric" properties is best indicated when inflammations of this membrane take place in unhealthy subjects. Its chief place, accordingly, is in strumous ophthalmia, for which at some time in the treatment it is indispensable, which it will indeed at times cure single-handed. But it also, says Dr. Dudgeon, possesses in acute catarrhal ophthalmia an efficacy almost magical; and has been used with more or less success in inflammation of nearly every texture of the visual organs. I refer you to his able series of papers in

the sixth and seventh volumes of the *British Journal of Homœopathy* for cases illustrative of its value. Drs. Allen and Norton rather minimise its efficacy in affections of the deeper parts of the eye; but their experience has been mainly gained with the higher dilutions, while the older observers who have reported its power in "arthritic ophthalmia" have given it in the lower triturations. The American authors, however, bear high testimony to its value in every form of strumous ophthalmia, whether affecting the lids, the conjunctiva, or the cornea; and also in acute and chronic ophthalmia catarrhalis. Sharp pain, as if pins were sticking into the eye, and dislike to the use of water, which aggravates all the symptoms, are their chief subjective indications for it. It has removed, to their knowledge, pterygium, pannus, hypopion, "ground-glass" cornea, the adhesions of iritis, and opacities of the vitreous.

We have now completed our survey of the principal drugs which act upon the eye; and it remains that we consider them together, for purposes of grouping, of comparison, and of discrimination. We shall best do this, I think, by studying them in relation to the several tissues of the organ, and to the morbid states to which these are liable. The *catalogue raisonnée* you will see* on the board

* The following is the list to which reference is made.

<i>Conjunctiva.</i>	Staphisagria.	—
Argentum nitricum.	Zincum.	Thuja.
Arsenicum.	<i>Cornea.</i>	<i>Iris.</i>
Belladonna.	Apis.	Belladonna.
Chloral.	Arsenicum.	Clematis.
Digitalis.	Aurum.	(Euphrasia.)
Euphrasia.	Calcareæ.	Kali bichromicum.
Hepar.	Cannabis.	Mercurius.
Kali bichromicum.	Euphrasia.	Physostigma.
Mercurius.	Hepar.	Terebinthina.
Pulsatilla.	Kali bichromicum.	Sulphur.
Rhus.	Mercurius corrosivus.	—
Sulphur.	Sulphur.	Bryonia.
—	<i>Sclera.</i>	Thuja.
Graphites.	Aconite.	<i>Choroid.</i>
Guaræa.	Kali bichromicum.	Aurum.
Ratanhia.	Spigelia.	Digitalis.
Silica.	Sulphur.	Gelsemium.

behind me gives the classification I would suggest. The medicines below the line in each group are such as I have not discussed in my lectures, but which should be mentioned in connection with the therapeutics of each region.

1. *Conjunctiva*.—As acting upon the mucous membrane of the ball and lids, with its glandular involutions, we have a list of twelve principal and six secondary medicines. Of these, eight correspond to catarrhal conjunctivitis of the ball—*Arsenicum*, *Belladonna*, *Chloral*, *Euphrasia*, *Kali bichromicum*, *Mercurius*, *Sulphur*, and *Guaræa*. When acute, *Euphrasia*, *Belladonna*, *Sulphur*, *Chloral*, and *Guaræa* are suitable, *Euphrasia* when much lachrymation is present (especially if it is acrid); *Belladonna* when the membrane is rather dry and burning; *Sulphur* when, with a slighter degree of the *Belladonna* symptoms, there is also itching, and when the subject is unhealthy; *Guaræa*, in the presence of chemosis. The distinctive place of *Chloral* is hardly yet ascertained; it must be borne in mind as a possible alternative to any of these. *Arsenicum*, *Kali bichromicum* and *Mercurius* belong rather to chronic conjunctivitis. The discharges of the first are characteristically thin; but practically it is *the* remedy for almost every case of chronic inflammation of the ocular conjunctiva, *Kali bichromicum* and *Mercurial* preparations taking its place

Ipecacuanha.	Tabacum.	Jaborandi.
Phosphorus.	<i>Lens.</i>	Natrum muriaticum.
(Rhus.)	Santonine.	Senega.
Santonine.	Sulphur.	<i>Nerves.</i>
—	—	Aconite.
Kali iodatum.	Causticum.	Agaricus.
<i>Retina and Optic Nerve.</i>	Calcareæ.	Argentum nitricum.
Acidum picricum.	Magnesia carbonica.	Belladonna.
Belladonna.	Phosphorus.	Conium.
Mercurius.	Sepia.	Gelsemium.
Phosphorus.	Silica.	Lilium.
Plumbum.	<i>Muscles.</i>	Spigelia.
Santonine.	Actæa.	—
Strychnia.	Physostigma.	Causticum.
—	Rhus.	Colocynth.
Kali iodatum.	Ruta.	Prunus spinosa.
Lithium.	—	Senega.

when that of the lids is more affected. The former is suitable when there is granulation of the membrane, leading to pannus; the latter when the Meibomian glands are more affected, thickening the eyelid, and causing profuse muco-purulent discharge. Under these last circumstances *Hepar sulphuris* also comes into action, its discharges being somewhat thicker; and *Digitalis* may find place. *Hepar* is also effective in inflammation of the palpebral margins (blepharitis ciliaris), where it finds an ally in *Graphites* when the symptoms are of a more passive character. *Pulsatilla* corresponds to the previously mentioned sphere of *Hepar*—its discharges being thick and bland; but is of especial use when the Meibomian inflammation is concentrated in a single gland, constituting hordeolum, or “stye.” *Staphisagria* reinforces it here when this affection tends to be recurrent. When the prolongation of the conjunctiva into the lachrymal sac is inflamed (dacryo-cystitis), *Silica* has proved very effective; and in stillicidum lachrymarum, from obstruction of the lachrymal ducts, cure has been wrought by *Graphites*, by *Sulphur*, and by *Mercurius corrosivus*.

In true purulent ophthalmia, while some benefit is to got from *Hepar sulphuris*, from *Mercurius*, and from *Pulsatilla*, the most effective remedy is *Argentum nitricum*. In strumous ophthalmia any of the conjunctival remedies hitherto mentioned may find place, according to their respective indications; but when the phlyctenular character of this affection is very marked, they all yield to *Rhus*.

Ratanhia and *Zincum* correspond to that curious affection of the conjunctiva known as pterygium.

2. *Cornea*.—The drugs that act on the cornea are fewer in number, but their sphere is well-defined. *Apis* corresponds to its simple inflammation. *Mercurius corrosivus* and *Arsenicum* are suitable when the mischief is ulcerative, the choice between the two being determined by the lesser degree of inflammatory action which characterises the latter; and *Hepar sulphuris* where suppuration occurs. *Euphrasia* and *Kali bichromicum* are in place when the morbid process begins in the conjunctiva, and invades the

cornea only secondarily. *Aurum* and *Calcareo* are suitable to a more chronic and interstitial keratitis, the former in both the syphilitic and the strumous forms of the complaint, the latter in the strumous only, where also *Sulphur* may do something. Several of these medicines, but chiefly *Calcareo*, are of avail to remove opacities of the membrane; and here we have also the aid of *Cannabis*.

3. *Sclera*.—For the affections of the sclerotic coat of the eye our dependance must be placed on the four medicines from our list which you see before you, and perhaps on *Thuja*, which is considered by Drs. Allen and Norton as exerting upon this membrane a more marked action than any other drug. *Aconite* is suitable in primary scleritis from exposure to cold, when the pain is diffused, and *Spigelia*, under like circumstances, when it is darting and shooting like neuralgia. *Kali bichromicum* is of great service when the conjunctiva is involved, and the cornea threatened. *Sulphur* (in the lower triturations) suits cases of a more passive and lingering character.

4. *Iris*.—It is of the iris as a part susceptible of inflammation that we have now to speak: as a contractile curtain it must be considered among the muscles of the eye. The only drug which has proved its power of inflaming it is *Physostigma*, as we have seen reason to put *Mercury* out of court in this respect; but the other members of my group have attained unquestioned credit in the cure of iritis. *Belladonna* seems effective in its simple form, such as may come on from traumatism. In rheumatic iritis, if the effusion be serous only, *Mercurius* may suffice, though *Euphrasia* and *Terebinthina* must not be forgotten, and *Physostigma* may prove the best remedy of all. In the syphilitic form, our chief reliance must be placed on *Clematis* and *Kali bichromicum*, though *Thuja* may be useful (as stated by Dr. Norton) in removing the deposits of lymph. *Bryonia* and *Sulphur* find place, if anywhere, in the rheumatic form, the first in the painful stage, the second to wind up the case satisfactorily.

5. *Choroid*.—For simple choroidal congestions, *Digitalis*, *Ipecacuanha*, *Phosphorus* and *Santonine* claim considera-

tion. Their differential indications are hardly known, but the choice of the third would be determined by the constitutional condition. For serous choroiditis, *Gelsemium* seems *facile princeps*, and for the plastic (disseminate) form, *Aurum* and *Kali iodatum*. *Rhus* is reported very effective when choroiditis becomes suppurative, and constitutes the affection known as panophthalmitis.

6. *Retina and optic nerve*.—For simple retinal congestion, as from over-use of the eyes, we need not go farther than *Santonine*. In retinitis simplex, and optic neuritis before exudation has taken place, *Belladonna* is the great remedy; later, *Mercurius* and *Picric acid* are indicated. In albuminuric retinitis, our reliance should be placed on *Mercurius* (best in the form of the corrosive sublimate) and *Plumbum*; in syphilitic, on *Kali iodatum*. *Strychnia* corresponds to retinal hyperæsthesia, *Lithia* and *Tabacum* to the opposite condition.

7. *Lens*.—The choice of remedies for cataract must depend rather upon the general condition and the anamnesis than on any differences in the opacity itself. The indications thereby afforded for *Calcarea*, *Sepia*, *Silica* and *Sulphur* are obvious enough; and in their absence, the other remedies mentioned may be tried in order.

8. *Muscles*.—Of the medicines classed as acting on the muscles of the eye, *Physostigma* and *Jaborandi* would correspond to their irritable condition, *Actæa* to their involvement in rheumatism, *Rhus* and *Senega* to their paralysis. *Ruta* and *Natrum muriaticum* are most effective in asthenopia.

8. *Nerves*.—The sensory nerves of the eyes are affected by *Aconite*, *Colocynth*, *Prunus* and *Spigelia* in the direction of neuralgia, by *Belladonna* and *Conium* in that of hyperæsthesia. Its motor nerves are excited to spasm by *Agaricus* and *Lilium*, depressed to paralysis by *Argentum*, *Conium*, *Gelsemium*, *Causticum* and *Senega*.

TWENTY CONSECUTIVE CASES FROM DISPENSARY PRACTICE.

By JOHN H. CLARKE, M.D.

THE following twenty cases, with a single exception—that of a boy who only attended once—are taken from my note-book in the order of their occurrence, beginning with the first. I have thought that by thus presenting the cases as they came, without any attempt at selection, a very fair picture might be given of what the work is like that is done at institutions of the kind. I am quite aware that much of the work here recorded is imperfect, and might have been much better done, but in spite of this, it is, in regards treatment, much more satisfactory than any I have ever seen at dispensaries under the old system—if, indeed, that can be called a “system” which is the negation of a system—with which I have been from time to time acquainted.

It is, then, primarily with this object—of presenting a mirror of dispensary practice—that the cases are related. But it is also hoped that the individual cases may be found not uninteresting. To some I have appended a few explanatory remarks.

The words of my note-book have been as closely as possible adhered to. Where the medicines given were indicated by particular symptoms, these have been italicised. Where the medicines have been selected as applicable more to the general state, no note has been made. Brevity has been studied as far as consistent with clearness. The following contractions are used :—p. pulse ; t. tongue ; bowels ; app. appetite ; reg. regular ; and cat. catamenia.

CASE 1. *Bronchial irritation in phthisical subject ; heart disease.*—Sep. 19th, 1882. Hy. H—, æt. 10, dark, florid, puny. His mother says he is wasting. Flushes frequently. Has short, troublesome cough during the day. No worrisome symptoms. Has had night perspiration, but not now.

Parents healthy. One brother has died. Patient is now only surviving child. Had whooping-cough when a small infant; bronchitis many times since; measles at four; chorea at six. Has swelling in glands of neck. Often has palpitation. No dyspnœa. P. quick. App. good.

Examination.—Area of cardiac dulness considerably increased. Apex felt beating strongly in fifth interspace, far to left. At extreme left of apex-beat a short bruit, following immediately the first sound, is heard at times; accentuated second sound heard all over, reduplicated at both bases, especially the left. *Lungs.*—Right apex slightly flatter than left, and duller on percussion. Vocal resonance increased; bronchophony below clavicle; expiration prolonged; a few dry sounds, no moist sounds.

Diagnosis.—Bronchial irritation in tuberculous subject; healed cavity at right apex; hypertrophy of ventricles, and insufficient mitral. *Arsen iod.* 3x, gr. $\frac{1}{30}$ in water, *Digit.* 1, pil. i, 2 h. alt., for about ten days.

Oct. 24th.—Heard that he got rapidly better; had no occasion to return; is now quite well, attending school.

CASE 2. *Abscess in neck; gastro-intestinal disorder; erythema.*—Oct. 2nd, 1882. Jno. E. S—, æt. 18 months, fair, fairly nourished, rather small, seven-months' child: mother was only able to suckle him a fortnight. He is her first child. Never strong from birth; never had bronchitis; not subject to diarrhœa. His mother is very poor; the drainage of the house is bad. Seven days ago was taken with sickness and cough, followed by diarrhœa for two or three days. Has had no diarrhœa for three days, but his motions have a strong smell. He takes milk. T. has been coated, is better now. Wakes up screaming from sleep. Sweats a little. Head does not sweat in the night. Temp. 101.2°. Below the left ear, in the neck, is a gland the size of bantam's egg, hard and red, and increasing in size. His mother noticed this from the first. Legs and thighs largely covered with erythema, the epidermis scaling. *Bel.* 3, p. i; *Mer. s.* 6, p. i, 1 h. alt.

5th.—Had sleep last night for first time. Neck softening. Eruption on leg fading. T. white; b. reg.; no sickness; can swallow only milk. Pharynx congested; no patches. *Bel.* 3, *Hep. s.* 6, 1 h. alt.

7th.—Abscess matured. I opened it and let out about an ounce of creamy pus. Pharynx normal. Rep. medicine. Dressed abscess with calendula lotion.

8th.—Better night. Good deal of brawny swelling. B. loose, very offensive. Fever gone. *Silic.* 6, g. i, 2 h.

9th.—Better, but excessively fretful and bad-tempered. *Cham.* 6, p. i, *Sil.* 6, p. i, 2 h. alt.

14th.—Slept very well on night of 9th. Very much better since; abscess discharging much. Rep. His mother did not bring him again.

Remarks.—I was not a little suspicious of scarlatina in this case, but I came to the conclusion, which I still think is the right one, that it was a case of blood poisoning from bad drainage. The diarrhoea at the outset was against the supposition of scarlatina; as was also the limitation of the vivid red eruption to the lower extremities, and the scaling off of the epidermis whilst the eruption was at its height. In spite of very unfavourable surroundings there was good response to the remedies administered.

CASE 3. *Goitre; anæmia; ascarides.*—Oct. 11th, 1882. Jane R—, æt. 18; shop; pale, but easily flushed; dark eyes. Complains of enlarged throat. It came on six months ago after staying for some considerable time at Swindon, where the water was very hard. Previous health good, except for irregularity of cat. As a child she had thread-worms, and fits with them. The ascarides have lately become troublesome again. T. clean; b. reg.; much irritation in rectum at night. *Cat. come on before the time* (Cal. c.); sleep good; app. good; has a frequent hacking cough, worse in evening, with a little phlegm. Headache over the eyes; aching in the eyes; mattery discharge in the eyes in the morning. P. 96. There is a loud venous hum in neck. The thyroid gland is much enlarged and soft. (In June she had for a week *Acid. fluor.* 1x, gtt. ii, in

3iss of water ter die, and received benefit.) *Cina* 1 pil. j, *Calc. c.* 6, pil. j, 2 h. alt.

18th.—Cold and cough rather better. Has been troubled with worm-symptoms, but has seen no worms. P. 100. *Calc. c.* 6, *Ferr. mur.* 5x, 2 h. alt.

Nov. 1st.—About the same; irritation from worms bad when at stool, and in the night. P. 92. *Calc. c.* 6, quater die. *Teucr.* 1x, pil. iij, h. s. s.

8th.—*Cat. came on at right time.* She feels better. Worms no trouble, has seen none. She has a cold; is seldom free from one; much mucus from nose. Slight hacking cough. T. clean; B. reg.; app. good. Thirsty. Rep.

22nd.—Feels better generally. Worms no trouble. Less cough. Cold in head is worse. Thirst same. *Calc. c.* 6, *Ac. fluor.* 5, 3 h. alt.

Dec. 12th.—Has been about the same; neck same; cold rather troublesome. Last night worms became troublesome. B. reg.; app. good; cat. reg. *Ac. fluor.* 5, qtr. die. *Teuc.* 1x iij, h. s. s.

Feb. 28th, 1883.—Returned after ten weeks' absence. Cough troublesome. Goitre apparently larger; still soft; throat internally normal. Loud bruit de diable in neck. Headache across eyes. T. rather white; app. very good; B. rather confined; worms very troublesome. Has bad dreams. Cat. have been too early. *Calc. c.* 6, p. j, qtr. die, *Teuc.* 1x, pil. iij, h. s. s.

March 14th.—Throat less by a quarter of an inch in girth. Less cough. B. still rather confined; worms have given no trouble. Headache nearly gone. Cat. have been on, nearer the right time—only two days before. Rep.

Remarks.—The attendance in this case was scarcely steady enough to warrant any definite conclusions being drawn as regards the goitre. Still it may be said to have diminished under the influence of the medicines—especially *Calc. c.*—and to have increased when medicines were left off. The leading indication for *Calc. c.* was the anticipation of the catamenial periods, as pointed out by Hahnemann. So far as my experience goes it tends to confirm the truth of

his remark that *Calc. c.* is only useful when cat. are regular or the intervals are shorter than natural. When the periods come on after the normal time *Graphites* is more likely to be of benefit. The worm-symptoms rapidly improved under the nightly dose of *Teucr.* 1x. In adults I have found this medicine, in this dilution, much more efficacious than *Cina* in temporarily and permanently removing troubles from ascarides.

CASE 4. *Disease of aortic and mitral valves.*—Oct. 23, 1882, Mrs. B—, æt. 66, widow 16 years, cook, rather tall, spare, pale, fair. Complains of pain in chest and back going to elbows, stoppage at heart, fainting, pain in hypogastrium, sharp, extending to thighs, coming with flatulence. She has a catching of the breath. On the least excitement the heart seems to stand still. Last night lay two hours unable to rest for fluttering. She has had these symptoms a month. Has taken pills which have relieved the pain in the body but caused pain in the head. This is much better. *The bowels are never moved without purgative medicine.* There is no swelling of the feet. Up till twenty years ago she had had no severe illness but had suffered from spasms. She had suffered much trouble from an unsteady husband. Twenty years ago came under Dr. Andrew Clark's treatment for heart disease and remained three years under him. At that time she often reeled in the street like a drunken person. The first intimation she had was sudden seizure with violent pains like knives in the cardiac region, in the middle of the night. On one occasion she ran to catch an omnibus, and when she got inside was seized with violent pain in the back, like two balls beating together, so bad that she could not help screaming. Ever since then the sight of a train has been enough to bring on the same sensation in a slight degree. T. dirty at back; app. poor. Milk does not agree with her, takes beer for supper as a rule but has not for a fortnight. Has much wind, up and down, especially down, in the morning. Is slightly ruptured on the right side. Water clear and colourless. Feet do not swell. Pulse 96, steady, artery rather tortuous. Car-

diac dulness begins lower border of second left costal cartilage, 1 in. to left of sternum ; sternum dull from the top. Mitral area : impure first sound, musical accentuated second ; accentuated second in aortic and pulmonary areas. Between the two fourth costal cartilages, where they join the sternum, the second sound is heard as a short musical bruit.

Diagnosis.—Aortic dilatation, slight incompetence of aortic valves, no obstruction, mitral stenosis. *Spigel*. 1, p. j, qter. d.

30th.—Very much better generally. Has had no feeling of stoppage ; no reeling on rising, or giddiness on stooping—which have been troubling her—pain in arms and thighs better ; app. better ; *b. reg.* Has pain in hypogastrium like a gathering. Has been nervous this week in consequence of domestic worry. Rep.

Nov. 14th.—On 5th fell as she was getting out of a train, and hurt herself. The fall did not affect the heart, and, except for bruising and stiffness, she has kept much better. *Arn.* 1, 2 h.

20th.—Much better generally. Still stiff but less so than she was.

Jan. 20th, 1883.—Has kept pretty well during last two months. Has had attacks of palpitation at times. Has had heavy work during the last week. This has brought on palpitation which is getting worse. P. quick ; T. rather dirty ; B. reg. Sleeps well till 1 a.m. but cannot sleep after. *Spigel*. 1, pil. j, qtr. d.

30th.—Has been very ill with headache and indigestion. Pain at chest after everything she takes ; sharp pain, going through to the back after breakfast. Breath has been very short. T. dirty ; B. reg. Headache on lying down ; the pain is as if the top of the head were taken off, and the contents of skull stirred up. *Bry.* 3, pil. j, qtr. die.

Feb. 9th.—Was very much better all the week. Has been out of medicine for two days. On Tuesday (6th) had pain across the chest causing sick feeling ; pain extended down into bowels and thighs. This has gone and the sickness is better. She now feels as if something were lying at the chest. Has pain in the hypogastrium. (Before

this came on she ate four figs on one occasion, and not being accustomed to eat figs she thought this might have caused the trouble; which is very probable.) T. little coated; B. reg. Sleep very good. She has not had much palpitation since the 1st. Rep.

Remarks.—This was a case of valvular disease of the heart, without rheumatic history, fairly well compensated. The compensation was giving way when she came under treatment but was rapidly and permanently restored—in her second illness the heart was not prominently affected—by *Spigelia*. One remarkable feature in the action of this medicine, which I have noticed repeatedly, was the permanent relief of obstinate constipation. She had had no relief of the bowels without purgatives for long previously. I have never given *Spigelia* in simple cases of constipation, but I see no reason why it should not be tried.

CASE 5. *Gleet. Varicocele.*—Oct. 25th, 1882. George L—, æt. 21, shopman, dark, small, spare. Five months ago had gonorrhœa; discharge never great but has continued. For two months testicles (which were always tender) have been painful. The left is especially so now. There is varicosis. There is scalding on passing water, which may be light or dark, clear or cloudy. He has used an injection of Condyl's fluid. T. clean; B. reg.; app. very good. Sleep very good; has rarely emissions. Has been total abstainer five months. Has been under homœopathic treatment. *Thuja* 1, pil. j, q. d., *Ferr. phos.* 3, gr. v, n. et m.

Nov. 1.—Less scalding. The swelling of testicle, if anything, is slightly less; pain and tenderness less. For three days there was less discharge, now it is the same as before. There is still some irritation in the urethra. T. clean; B. confined. Rep. The Condyl injection to be used only every other night.

8th.—Testes not quite so tender; discharge same; no scalding; B. fairly regular. Leaving off the injection made no difference. *Ferr. phos.* 3 gr. v, n. et m., *Sep.* 6, pil. j, qter. d.

15th.—Discharge better, no scalding; testes not so sore,

swelling same. There is irritation of the pubes, has had this a month or two. Rep.

22nd.—Swelling decreased (it varies); slightly more discharge yesterday. A forcing pain in urethra, no scalding. Still has a little irritation at end of penis, and aching; urine natural. B. irreg. still, has passed streaks of blood with motion, has done this before. Rep.

29th.—Swelling same. Slight aching in pubes; skin of this region irritable. More discharge. Testes soft. Veins distinct. Emissions at times, but rarely. Has cold and rheumatic pains. B. reg. *Merc. sol.* 6, p. j, qter. d., *Ferr. phos.* 8, gr. v, n et m.

Dec. 13th.—About the same. Testes tender; veins very large. Discharge same. *Ac. fluor.* 5, pil. j, *Ham.* 1, pil. j, 2 h. alt.

He did not return.

CASE 6. *Psoriasis*.—October 30th, 1882. Kate W—, æt. 16, servant. Fair, dark blue eyes. Spots of psoriasis on both arms and one on upper lip; had them three weeks; they first came on the scar of vaccination performed a year previously. General health good. None of her family ever had anything of this kind. She never had before. *Arsen.* 5x, gtt. j, 3 h.

November 14th.—Has been without medicine, and few of the spots, which had all gone, have now returned. *Ars.* 5x, pil. j, q. d.

20th.—Better, but not quite well. Rep.

I heard soon after that she had got perfectly well, and I have since heard that she has remained so.

CASE 7. *Nervous symptoms consequent on old apoplexy from embolism; disease of aortic valves, stenosis of mitral, hypertrophy of heart and dilatation; syphilitic history*.—November 9th, 1882. S. G—, æt. 55, pensioner; large, well made, fair, nervous-sanguine, irritable. Complains of *giddiness, noises in the head (China), and fixed pain in the nape of the neck (Helleb.)*.

Four years ago was taken suddenly one morning, whilst

shaving, with shaking. He did not fall, and had no inclination to. The shaking soon passed, but left a numbness in the right leg. Went out about 9.30 a.m., and felt as if walking on sponge with the right leg. He was like a drunken man. This condition lasted four days. The strength came back, but he has always had numbness in right leg, below knee, since. Commencing the day after the seizure, there came on gradually giddiness and noises in the ears, ceasing only during sleep; and the pain in the nape of the neck. This is on the left of the middle line, and extends upwards as far as the occipital ridge; it is like a hard pressing; it affects the eye at times; it causes impairment of memory. Has always had good health. Is not a total abstainer, but never a great drinker. When in the army, thirty years ago, drank a little. For last twenty years has been subject to heartburn. Twenty years ago had syphilis followed by severe secondaries. Fifteen years ago had a rash, which disappeared under severe allopathic treatment. Has irritable spots on forehead now occasionally. He married, a few years ago, a wife many years younger than himself. Has children, all healthy, but subject occasionally to spots on the skin. T. rather dirty at back; B. regular; two or three times a day, but not loose. Sleep good as a rule. He has palpitation sometimes; P. soft, regular.

Examination of heart.—Dulness begins one inch to left of sternum, at lower border of second rib. At the level of the fourth rib it extends from a quarter inch on right of sternum to two inches and three quarters to the left. The apex beat cannot be felt. In mitral area a thumping first sound and reduplicated second. In tricuspid area normal sounds. In pulmonary area a slight systolic bruit, heard louder in aortic area, not heard at all to the left of pulmonary area. This bruit is prolonged into the carotid artery, where it becomes musical. *Hell. n.* 1, gtt. j, 2 h., for 3 days, *Chin.* 1, pil. j, 2 h., for 4 days.

20th.—Better generally. Pain in head and giddiness both better (the noises are worse when he is lying down than when up). T. dirty at back; B. regular; app. very

good; sleep good first part of night. He has had a great upset through sudden illness in his family during the week (14th). Rep. *Chi*.

27th.—Hissing noises very bad; pains all over; bilious. T. dirty; B. regular; app. poor, no giddiness. *Hell. n. 1*, pil. j, q. d.

December 4th.—Pain in back of neck better; has had a few sharp turns of it; noises bad at times, but better on the whole. He suffers from irritation of the skin in cold weather. For years has been subject to rheumatic pains, in knees chiefly. He now has pain across the top of the sacrum. Rep.

11th.—Has had rheumatic pains about the neck, and the pain in the back of the head has been bad again. Noises in head troublesome, hissing. *Sod. sal. 3x*, pil. j, q. d.

18th.—Hissing noises same, perhaps a trifle less; pressure on the carotids stops the noise for the time. The first part of the week, after taking the *Sod. sal.*, he was worse as regards the pains, now they are better. He still has the pain at the nape, worse at night. He thinks *Hell. n.* in the liquid form does him more good than in the form of pilules. *Hell. n. 1*, gtt. j, q. d.

28th.—The second day after getting the last medicine the pain in the nape disappeared, but he was seized with pain in teeth of right side—first upper, then lower—they seemed to rise up; the pain affects the ear. Has scarcely any toothache now, but teeth are still tender. T. coated at back. Has indigestion (Christmas fare?). *Spigelia 1*, pil. j, q. d.; *Hell. n. 1*, gtt. j, p. r. n.

January 6th, 1883.—The pain in the nape keeps better. The noises are very bad, hissing changing to a thumping; no deafness. The pain has gone from the side of the face to the top of the head. P. regular; T. little coated at back. *Chi. 1*, pil. j, 3 h.; *Hell. n. 1*, gtt. j, p. r. n.

17th.—Noises same; giddiness a little better; heart-burn better (fish or eggs cause it if he takes them); has had slight touches of pain in nape. *Dig. 1*, pil. j, 3 h.; *Hell. n. 1*, gtt. j, p. r. n.

31st.—Giddiness better; noises better; pains do not last so long. *Helleb.* gave relief. Has had pain in soles of feet, so great that he could not keep still; has had this before; when the feet are bad the head is worse. T. coated; B. little confined. Rep.

Remarks.—The heart in this case was very much damaged, and I have little doubt that his paralytic attack was due to the plugging of a small artery of the brain by a fibrinous plug carried from the heart. He improved much under treatment. *Hellebor. n.* seldom failed to relieve the aching located in the nape of the neck in this case, and I have found it most useful for pain similarly situated, in many other cases. The noises in the ears constituted the most obstinate symptom. This seems to have been due to transmission of the cardiac murmurs to the bones of the ears. *Digitalis* was most serviceable for this symptom, and also for the giddiness.

The patient, whose case forms the twentieth and last of this series, was the wife of this patient.

CASE 8.—*Chronic abscess over head of right fibula.*—November 17th, 1882. Jenny R—, æt. 7, dark eyes, florid, delicate. Swelling size of filbert over head of right fibula, four weeks. Had been taking *Silica* three weeks under my advice. Her general health improved, but the swelling has become larger. It is neither tender, sore, nor painful. She has a cough, troublesome night and day. *Ac. benz.* 1, *Bry.* 1, 3 h. alt.

24th.—Cough better, not quite gone, swelling not quite so well. *Silic.* 6, *Bell.* 3, 3 h. alt.

December 1.—Bandage put on with card-board splint. *Iod.* 3x pil. j, q. d.

7th.—She has lost app.; T. white; B. reg.; sleep restless. *Ac. benz.* 1, alt. *Iod.*

22nd.—Swelling rather softer; not any smaller. [Up to this time I had considered the swelling to be of the nature of a ganglion—synovial. I now began to suspect that it must be an abscess. I learned that the patient had been vaccinated as an infant with “bad matter;” that her arm

had been one mass of sores from elbow to shoulder. She was cured, for the time, by homœopathic treatment; but three years afterwards the eruption came out again, just as if she had been vaccinated over again.] *Hep. s.*, 6 p. j, *Lach.* 6, p. j, 3 h. alt.

28th.—She is looking much better. There is a blush over the swelling, which is undoubtedly an abscess. Rep.

January 3rd, 1883.—Skin over abscess shining. Sleep restless. App. better; T. little coated; B. right. Rep.

17th.—Abscess maturing. Has had gumboils, which are better. *Hep.* p. j, 2 h.

18th.—Abscess opened by incision. Half an ounce of pus and curdy matter evacuated, with a little blood. Calendula dressing applied. *Sil.* 6, gtt. j, 2 h.

19th.—About two teaspoonfuls of reddish serum, with pus, discharged. No fetor. Rep.

21st. No fluid discharge. A few yellowish flakes pressed out. Rep.

25th.—Leg looking much better. Scarcely any discharge. Less swelling. App. and sleep poor. Rep.

29th.—Scarcely any discharge. A little swelling, pain, and tenderness about the seat of the abscess. *Iod.* 3x, p. j, *Sil.* 6, 2 h. alt.

February 5.—Very little discharge, watery. Rather better generally. Rep.

12th.—Very little discharge, good deal of thickening. T. cleaner. She has a troublesome cough which wakes her up in the night. *Sil.* 6, p. j, *Bry.* 3, p. j, 2 h. alt., *Hyo.* 1, p. j, p. r. n., h. s. s.

20th.—A collection of thick curdy matter pressed out of the opening, with considerable pain. No fluid discharge. T. clean; cough better; app. very poor. *Sil.* 6, p. j, *Phos.* 3x, p. j, 2 h. alt. To be dressed with cold-water dressing only, in place of the Calendula lotion used until now.

March. 5th.—Very much better generally. Less pain; less discharge, what there is is still curdy. She goes to school once a day. App. better; sleep better.

Remarks.—This was a very tedious case, as such cases usually are. The child's hygienic surroundings were not

at all good; and I am of opinion that the constitutional injury she suffered from the vaccination helped to make the case more obstinate than it would have been—if, indeed, it was not largely the cause of the abscess.

CASE 9.—*Cyst in lobe of ear; cough.*—Nov. 20th, 1882. Chas. W. B—, æt. 20, lamplighter, dark, grey eyes, rather small. Has cyst below lobe of left ear three weeks. Two years ago had one like it, which burst, leaving a little hard lump behind, which gave no pain. At first the present swelling gave no pain; now it is painful, he cannot lie on it. It is soft, but apparently contents are not quite fluid. Three weeks ago had a large red pimple on the nose, which was lanced by a doctor, and then disappeared, and this came.

He has a *dry hacking cough*, worst night and morning (*Bry.*), not keeping him awake in the night; spits a little clear light phlegm. T. clean; B. reg.; app. very good. Has heaviness across head at times and dimness of sight. No headache.

Family history.—Mother healthy, father subject to rheumatism. Previous health good, but has been less strong of late, having grown much. He is a total abstainer. *Calc.* c. 6, p. i, *Bry.* 1, p. j, 3 h. alt.

27th.—Has had no pain in cyst since 23rd. Last night it broke. Now is much smaller. Hearing all right. Dryness of meatus. T. little dirty at back; B. reg.; is very drowsy after dinner (this only came on last week); cough is much better. Rep.

December 4th.—Cyst almost disappeared; no deafness; there is diminished sensation in the meatus last two or three days. Has taken fresh cold; cough a little troublesome. Larynx tender to pressure. *Calc.* c. 6, p. j, *Bry.* 3, p. j. 3 h. alt.

CASE 10. *Debility from intemperance; climacteric.*—Nov. 23rd, 1882. Mrs. V—, æt. 44, needle. Large, dark; heavy face, wide nostrils; bilious, lymphatic. Was in India eight years. Has been home eight years. Has an invalid husband, and much worry. When in India took

stimulants freely, and since then to excess. *Says* she has abstained now for three months. Has been ailing more than a year. She complains now of nervousness, and feeling ill all over. Sinking. Burning flushes followed by chills. Lightness of the head, giddiness, singing in the ears. Pain in sacrum and left ovarian region; touching it causes pain like a knife to come, making her feel sick. Has had this a year, but worse of late. No cough. Has palpitation after food. Cold feet. P. 108. T. white; B. loose; often has diarrhœa, painless. Sleep very bad, short sleeps, gets into perspiration on waking. Cat. stopped eighteen months ago; never pregnant; has had severe floodings. She takes a good deal of strong tea without milk. *Chin.* 1, p. j, *Act. r.* 1, p. j, 2 h. alt.

30th.—Not any better. *Ign.* 1x, p. j, 3 h.

Dec. 3rd.—Rather better. B. two or three times a day, motions watery. App. still bad. Still has "sinking." *Ars.* 5x, gtt. j, *Ign.* 1x, p. j, 3 h. alt.

11th.—B. much better; not so much sinking. T. a little coated. App. same. Rep.

Jan. 1st, 1888.—B. reg.; T. dirty; App. poor; much sinking; sleep poor. Rep.

17th.—B. keeping better. T. rather coated; has unpleasant sweetish taste in the mouth; is very thirsty, drinks much water; app. good; *sinking after eating* (*Act. r.*); three weeks ago took beer for it, has not done so since. Sleep bad. *Ign.* 1x, p. j, 3 h., *Act. r.* 1, p. j, p. r. n.

24th.—Better; less sinking; sleep much better. App. much better. Back less painful. Rep.

Feb. 1st.—Her face is blackened, as if bruised, all over the left side, especially about the eye; much swelling. She says the wind caught her on the 30th, and brought on "erysipelas," which she has had before. She has pain from face all down left side. P. quiet; T. loaded; B. reg. *Arn.* 1, pil. j, *Bell.* 1, pil. j, 2 h. alt.

5th.—Face still very black. T. coated, dirty; B. loosish; app. nil. Has not much sinking. Head feels too heavy. *Ars.* 8, p. j, *Ign.* 1x, p. j, 2 h. alt.

19th.—Face clearer, but still painful. T. coated; B. loosish; app. fair. Sleep poor; sweats at night. Back has been very bad. Rep.

26th.—Better. T. fairly clean; B. reg.; app. good. Back better; has pain under right shoulder. Sinking not so bad. Sweat at night. *Ars.* 3, p. j, *Ign.* 1x, p. j, 2 h. alt. *Act. r.* 1, pil. j, whenever the sinking is troublesome.

March 3rd.—There is a little lump visible now the swelling has subsided, over the left malar bone, under the skin, loose, moveable, size of a haricot bean, with hard, tender skin over it a little congested. All blackness now gone. She had a blow on the face many years ago, but not lately, she says. T. fairly clean; B. reg.; sleep poor; not so much sinking. Rep. omnia.

12th.—Much better generally. Lump more painful. It is tender. It is flat and ill-defined. *Calc. c.* 6, p. j, quarter d.

19th.—Better generally. Lump about the same, painful at times. Rep.

26th.—Still improving. Lump a little smaller; has stinging pain in it at times. Rep.

April 2nd.—Keeping better. The lump has been very painful and swollen in the cold weather; but is smaller again now. Rep.

9th.—Much better. A good deal of smarting in the lump in the week. It is softer and more diffuse.

16th.—General health keeps very good. Lump the same, very painful at times.

May 1st.—Better. Face better; lump seems to be melting. It is still painful at times. For six weeks she has not been able to taste or smell anything.

Remarks.—To what extent this patient had been addicted to intemperance I do not know, as she did not own to it herself, and I had no very definite account from others. It was plain, however, that she had taken stimulants freely. The attack which she called “erysipelas” was very curious. When I saw her there was much discolouration, the remains of extensive extravasation into the cutis. The appearance of the solid tumour over the malar bone was

also singular. I have seen a similar solid tumour, growing from the cartilage of the ear of a young man, disappear under *Calc. c.* 6, and with it the deafness which had come on at the same time. *Ignatia* and *Arsenicum* were of the most service in this case in restoring vigour and checking the constant relaxed condition of the bowels. *Calc. c.* did her general health much good, besides apparently reducing the size and consistence of the tumour.

CASE 11. *Ringworm*.—Nov. 24th, 1882. Ada R—, æt. 9. Ringworm on neck. Has been noticed a week. *Oleate of Mercury* has been applied without benefit. *Tellur.* 5, p. j, q. d.

Dec. 1.—No better. *Sep.* 6, pil. j, q. d. *Chrysophanic acid* ointment applied.

7th.—Very much better. Repeat both.

22nd.—Ringworm has spread. Rep. applic. *Tell.* 5, pil. j, q. d. Soon after this it disappeared completely.

CASE 12. *Severe cold with fever, diarrhœa, and gastric symptoms*.—Nov. 27th, 1882. Sophia S—, æt. 37, parlour-maid. Thin, dark, pale, rather sallow, grey eyes. Took cold a fortnight ago from getting her feet wet. A week ago had drawing pain in the back, very severe, but it passed off. Thirteen years ago had rheumatism brought on by getting her right foot wet; her right side was most affected. Since then she has always been affected by damp. She is not subject to cough or sorethroat. Has pain in hypogastrium from back to front. T. very red, thirst, mouth not parched. B. as a rule rather confined. No app. Sleep poor; no sweat at night. Head has been very bad, but is not now. P. 120. T. 100·2°. *Ars.* 3, p. j, 2 h.

30th.—Very much better. Pain almost gone. P. 120, soft. Temp. 98·6°. No so thirsty; app. poor yet, but has enjoyed beef tea. B. moved several times on 28th, twice yesterday, not at all to-day; the motions were loose, and accompanied the pain. Feet a little cold; much sweat last two nights. No headache. Rep.

Dec. 3rd.—Has been better. Last night exerted herself a good deal, and had stiffness and pain in the back after it. B. still loose, twice a day, watery; hypogastric pain almost gone. Mouth rather dry. App. poor. P. 124. *Ars.* 5x, pil. j, *Arn.* 1, pil. j, 2 h. alt.

7th.—Much better in general health, but the bowels are not right yet. On the night of the 3rd (Monday) head light, loose slimy motions. On Tuesday she had diarrhœa-pain, but no motion. Yesterday (Wednesday) the same slimy diarrhœa, with gurgling in the lower abdomen. This morning only two motions. Urine clear. Is thirsty. *Merc. cor.* 6, p. j, 2 h.

12th.—Was much better the day after getting last medicine. Is looking quite herself again. Pain is gone. B. natural; T. better, but still red; app. middling. Sleep good. Head giddy, and inclined to ache. Rep.

18th.—Better. No pain. Sleep good. App. good. T. less red, moist. B. rather confined; they are never regular, always rather confined when she is taking solid food; motions hard, large, not knotty, painful. She is never bilious. Mutton agrees with her better than beef. *Ars.* 5x, p. j, 3 h.

26th.—Feeling very well. P. 84. Rep.

March 5th.—She came back to-day—ten weeks after her last visit—having taken fresh cold. Up till this time she had kept very well. The cold had been on her over a week. She had pain in the limbs at first. The last two days has had cough and a return of the pain in the hypogastrium. This was so severe last night that she thought she would have died. T. red again; not thirsty. Herpes on lips. B. reg.; app. very bad. She raises phlegm with the cough, which is worst on going to bed. Does not sweat at night. She still has nasal catarrh, but this is better than it has been. *Ars.* 5x, p. j, 2 h.

8th.—Feels better, but bowels have not moved since 4th. T. rather red; no thirst. Cough easier, still a little phlegm. Pain in hypogastrium better, but not quite gone. P. 108. Rep.

12th.—Better. T. better. B. reg.; app. better. Still

a little pain in hypogastrium. Spits up phlegm in the morning on rising. Cold in the head diminished. P. 96. Rep. 3 h.

20th.—Nearly well. Free from pain. B. right. T. better; app. good. Has only a little cold now. Rep. t. d.

Remarks.—This was a case of very acute catarrh of the lower portion of the large intestines and the rectum, brought on by cold. It is much more common for cold to affect the air passages than the alimentary tract in the winter, and the reverse in summer. But exceptional cases are by no means rare, and this appears to have been one. The medicines *Arsen.* and *Mer. cor.* acted very satisfactorily. The slimy evacuations particularly indicates the latter.

CASE 13. *Headache; pain in side.*—November 27th, 1882.—Mrs. M. A. D—, æt. 32, small, dark hair, grey eyes; nervous; is weaning baby. She complains of pain in her side, which she has had for twenty-two months. Headache across forehead and temples. Sinking sensation. Has always enjoyed very good health before. T. white. B. confined; no catam. since pregnancy. *Ign.* 1, gtt. j, q. d.

December 12th.—The pain in the side is better. Has had no headache since getting *Ignat.* She has pain in hypogastrium as if near her confinement, B. confined; not affected by *Ignat.*; motions knotty, painful, get as far as the orifice and then arrested; she has to strain, and feels strained afterwards. T. clean; app. better. Has had leucorrhœa a long time. *Nat. m.* 6, pil. j, q. d.

Remarks.—This patient did not return. The *Ignat.* completely relieved her of the chief symptoms complained of, but not the constipation. I have usually found, where there has been constipation in cases calling for *Ignat.* the constipation has been removed as well as the other symptoms. The characteristic stool of *Ignat.* is one that it is too large to pass. The stool of *Nat. m.* is a hard, dry, unsatisfactory stool; and there is a sense of constriction in the rectum, and great pain when the motion is passing.

CASE 14. *Cough; constipation.* November 27th, 1882.—Millie B—, æt. 16 months, weakly child, joints large and

rickety. Has had a cough for a week or two, worse during the night, better during the day. B. very much confined. *Bell.* 3, pil. j, *Cal. c.* 6, pil. j, 2 h. alt.

December 15th.—Bowels very much better. Cough soon got well. Now the cough has returned, it is looser than it was. Has had chilblains a fortnight. Rep.

January 9th.—Has got a feverish cold ; came on yesterday. No sleep ; hot, pale ; throat sore ; sick. *Ars.* 3, p. j, *Bell.* 3, p. j, 2 h. alt.

CASE 15. *Cough ; debility after measles.*—November 28th, 1882.—Jessie B—, æt. 2 years and 2 months. Very irritable ; never strong. Six months ago had measles ; not well since ; has had gatherings in the ear ; now has very offensive discharge. Never had whooping-cough. She gets very stout, and then if out of health for a week wastes almost to a skeleton. She has had ulcerated mouth. For a month has slept badly, screaming on waking. Three weeks ago got cold and had aching all over her. A cough came on, at first hacking, now in fits, worst at night. She gets up no phlegm. There are snoring sounds in the chest. T. white coat, ulcer under it. No grinding of teeth. B. reg., motions dark, very offensive. Urine very strong. *Puls.* 1, pil. j, *Hepar.* 6, p. j, 3 h. alt.

December 7th.—Has slept better the last two nights. App. very much better. Screams on passing water. Intertrigo. Motions still dark, but not nearly so offensive. Cough still bad at night. *Cham.* 6, p. j, *Hep.* 6, p. j, 3 h. alt. Last attendance.

CASE 16.—November 28th, 1882. Mrs. E—, æt. 45, dark, grey eyes. Has suffered for about a year, off and on, from irritation of skin of face. It comes on in red, raised, rough blisters, which peel the morning after they appear. The eruption is always dry. Sometimes as it gets better on the face *it comes out in each axilla (Juglans r.)*. The part under each eye becomes swollen, peels ; after this it becomes sore and red, and then the area all round the mouth becomes sore. The skin is worse when she is warm. It is worse just before the catam. periods. T.

white. App. good ; very thirsty ; has taken no beer for months ; has left off suppers ; has noticed no difference from this. B. always very much confined ; urine natural. Cat. reg. but scanty. Has six children, youngest thirteen. Has had good health all her life, except that she had congestion of left lung ten years ago, and has had cough in winter since. For fourteen years she has been very deaf. It is hereditary, mother and father both were deaf. She has noises like rushing water in her ears. Lately, when feeling quite well, has come over giddy at times ; this within the last twelve months. She has taken *Senna*, *Salts*, and *Sulphur*. Thinks *Sulphur* did her a little good but not much. *Arsen.* 3, pil. j, q. d.

Dec. 6th.—Better. General health good. B. more reg. Face better. No eruption in arm-pits. She used to sweat a good deal formerly, now does not, but gets into dry heats. Giddiness not so bad. Rep.

14th.—Face very much better. Giddiness less often and less severe. Rep.

21st.—Face not so well the last two days ; more lumps ; much irritation. Giddiness keeping better. *Juglans Reg.* 1, pil. j, q. d.

28th.—Face feels better, and looks better. No eruptions in axillæ. Giddiness keeping much better. Rep. Last attendance.

CASE 17. *General debility ; styes ; enlarged glands.*—Nov. 30th, 1882. Louisa K—, æt. 8. Delicate-looking, thin, dark eyes, florid, never robust ; delicate from babyhood ; never had severe illness. For the last eight months has had an enlarged gland on the right side of the neck, about an inch below the ear. For the last six months has been troubled with styes in both eyes. Her lips are dry and feverish. She is troubled in her sleep ; does not have bad dreams, but always *looks* miserable, and makes a miserable moaning noise in her sleep ; has ground teeth at night, but not lately. T. white ; B. reg. ; app. never good. *Cin.* 1, *Hep.* s. 6, p. j, 3 h. alt.

Dec. 18th.—Has had more styes, but not such bad ones.
VOL. XLI, NO. CLXV.—JULY, 1883. q

Is still unhappy in her sleep, but it is quieter. T. white; app. fair. Rep.

Jan. 9th, 1883.—Styes better. Not so miserable in sleep, but grinds teeth at times. Has scurfy spots on face, one at corner of right eye, many on legs and thighs, rough and dry; has had them slightly twelve months, worse last few weeks. T. clean; B. reg.; app. very good. *Ars.* 3, p. j, t. d.

(See note after next case of brother of this patient.)

CASE 18. Nov. 30th, 1882.—Samuel K—, æt. 5. Has been out of health three or four weeks; worse the last week. Cannot eat his food, cries when pressed, retches. Abdomen large. Wakes early in the morning (3.30 a.m. to 4.30 a.m.) with a pain in his body, then he has a clayey motion, and after that is sick. He is bad at night; no head-sweats. He was exceedingly delicate from his birth till three months old. *Phos.* 3x, p. j, *Calc. c.* 6, p. j, 3 h. alt.

Dec. 7th.—Motions worse, two in the day, and two in the night. Much sickness; can eat nothing but dry toast. T. white. Urine very high-coloured with bad smell. He is getting very thin. He feels the cold very much. No *bruit de diable*. *Merc. s.* 6, p. j, 2 h.

18th.—Very much better. Motions one or two a day, more natural; has not had to rise once in the night. App. much better. No more sickness. Body still very large. Rep.

Feb. 9th.—Keeping better; body not quite so large. T. white; B. reg.; app. good. Sleep good. During sleep at night he always lies on his belly, and the pillow-case is always blood-stained with bloody saliva that runs from his mouth in sleep. This has been the case for a week. He has bad teeth, has a chronic gumboil. Rep. t. d.

13th.—Has kept very well. T. clean; B. reg.; app. decidedly better than it used to be. No pain in the body now. For the last week has had a dry, hard, barking cough, worse at night, not keeping him awake. No laryngeal tenderness.

Remarks.—I afterwards attended these children at their

own house, the elder of them being taken with scarlatina. She did well for a few days, but then began to drag, and developed anomalous symptoms—an inveterate night-cough amongst others. The wall-paper had a great deal of green in it, and I examined it and found in it a large quantity of *Arsenic*. These two children had both slept in this room, which they had occupied since their parents entered the house some eight or nine months previously. Before that time the girl had never had the troubled sleep she complains of, the enlarged gland, or the styes, though she had had grinding of the teeth. The boy had been always delicate, but had not had the swollen body, and other abdominal troubles with which he came to me.

When his sister was taken with scarlatina, he, of course, was put into another room to sleep. There his cough persisted, most severe in the night, quite unamenable to treatment. He had also toothache, and several boils. A younger sister was put to sleep in the same room with him, and she began to suffer from night-cough just in the same way. This was equally intractable with the boy's; and she had never had a cough before, being remarkably healthy, and the strongest of the family.

I examined the paper of this room—a loose powdery grey—and found it also contained arsenic in large quantity. The paper in the room where the youngest child had been sleeping previously contained no arsenic.

The arsenical papers were at once removed. The elder girl recovered slowly from the scarlatina, and after going to the seaside became quite well. She lost the symptom of troubled sleep, and now sleeps quite naturally and well. The other two children soon lost their coughs, and became quite well on removal of the paper. Only the chronically enlarged glands in the necks of elder girl and boy remained of their former illnesses; and these never do disappear rapidly in my experience. In the case of the girl the gland enlarged greatly after the fever, and suppuration seemed imminent, but was happily averted.

I may add that I gave *Bell.* 3 through the house as a prophylactic, and no second case of the fever occurred.

CASE 19. *Nervous debility from worry; headache.*—November 30th, 1882. Mrs. K—, æt. 40, mother of last two patients; thin, pale, dark, worn-looking, nervous and anxious, never strong, never had severe illness. Mother died of bronchitis aged seventy, father of bronchitis aged fifty-four. Has had children very fast, all but the last one have been very delicate, and she has never had proper rest at night. Has had five children and four miscarriages. Complains now of great depression; pressive headache at vertex causing burning in eyes. T. rather dirty; B. open, but not freely; app. very poor; sleep very bad, has worrying dreams; P. soft, reg.; cat. reg., dark, free at first, then an interval when there is nothing, and then flow again for seven or eight days. Great depression two or three days before the period comes on. *Act. r.* 1, p. j, 3 h.

December 18th.—Better generally; wakes tired; dreams. Rep.

January 9th, 1883.—Three weeks after last attendance. Has had headache very badly; it came on on 4th and 5th of the month, *after* the catamenia—it usually comes on *before*. She took *Act. r.* at the time but found no benefit then. The headache is better now. T. white; B. reg.; app. fair; sleep dreamful; dryness in throat; twitching in eyelids; pain in shoulder. *Act. r.* 1, p. j, 3 h.; *Hyo.* 1, p. ij, h. s. s.

CASE 20.—December 5th, 1882. Mrs. G—, æt. 38, dark, dark grey eyes, spare. In August last, and again a month ago, had terrible attacks of pain, which the doctor who attended her said were due to the passage of gall-stones. They left her prostrate for some time, and she is still suffering from the effects.

Family history.—Mother living and healthy. Father is dead; he was a healthy man but died mentally affected. Brothers and sisters healthy, with the exception of one who died of abscess of the brain.

Social history.—She has been married seven years, and has five children. She drinks stout.

Previous health.—Before marriage her health was good,

and after marriage till two years ago. She first felt pain in the "chest," i.e. upper abdomen, whilst pregnant with first child. She was some time before getting about after it. She has had it more or less for five years, but it never became severe till last August, and again in November. She is not a bilious subject. The first thing she feels is a numb pain in the right hypochondrium and small of the back; this increases, she feels sick, and vomits. It lasts for two or three days. She can retain nothing but milk and soda-water. It goes away gradually, leaving soreness, and she is extremely weak.

She now complains of debility resulting from her last attack. T. coated at the sides; B. reg.; they are reg. as a rule, and also in the attacks, but after the attacks the motions are difficult, she thinks from the medicine (allopathic) taken to relieve the pain. App. very bad; urine natural, not altered in an attack; cat. reg., *every three weeks, too great quantity* (*Calc. c.*). P. reg., soft. She never has headache. Has been much depressed lately.

I instructed her to avoid alcohol in any form, to use butter and fat foods sparingly, and also sweets. I gave her *Calc. c.* 30, pil. j, t. d., for three weeks. She did not return, but I heard of her up till the 31st of January, and then she had had no return of the pain.

Remarks.—I saw no reason to doubt the diagnosis of the medical man who saw this patient in the attacks, and I prescribed accordingly. The *Calc. c.* was indicated by the state of the catamenia, apart from the gall-stone habit. I gave the thirtieth attenuation, as that has been found most serviceable in the latter condition.

This patient was the wife of S. G—, Case No. 7. As there was constitutional history in his case, though of long previous date, this may have had an effect on Mrs. G—. There were, however, no definite signs of it about her.

TWO CASES OF SCARLATINA MALIGNA
(HÆMORRHAGIC) CURED BY *CROTALUS*.

Reported by JOHN W. HAYWARD, M.D.

CASE 1.—Miss H—, æt. 9, was apparently quite well on the 5th of October, 1870, but in the evening she complained of sorethroat, with headache and dizziness. On examination the fauces and tonsils, especially the left one, were found dark red and swollen—œdematous. *Bel.* was ordered every two hours.

The only exposure to infection that could be traced was that the cook was laid up with diphtheria; and the only traceable cause for that was that scarlatina was in the house of her family, and she had been there on Sunday, September 25th.

During the night the patient was very restless and feverish, and retched a good deal, getting up some dirty-looking slimy mucus. At eight o'clock next morning she was found to be extremely weak and very tremulous; her pulse was 160; the skin was dry and burning hot, and there was some brownish miliary rash on the chest; the tongue was furred, the mouth dry; great thirst, but drinking only a little at a time, apparently because swallowing was painful; the fauces and tonsils were mottled with rather bright redness, and considerably swollen, as if with serous effusion into their structures, and there was a dark, dirty, sloughy appearance on the left one. *Bel.* and *Rhus* were now ordered every hour alternately, and a wet compress applied outside over the tonsils.

In consultation, at 11.30 a.m., Dr. Drysdale diagnosed scarlatina maligna, and suggested *Acon.* instead of *Rhus*, to be alternated with the *Bel.*; these were given alternately every hour until evening. During the day she steadily grew worse; the pulse increased in frequency and feebleness. There were extreme prostration and torpor, so that she lay apparently unconscious, except when roused by the retching of the brown, slimy mucus. The tonsils enlarged

rapidly, making considerable fulness at the angles of the jaw, and causing the head to be thrown up and backwards. Swallowing was very painful and difficult. In the evening of October 6th, that is, twenty-four hours after the beginning of the illness, as she was rapidly growing worse, *Rhus* and *Merc. biniod.* were substituted for the *Acon.* and *Bel.*, and alternated every hour. During the night she continued to grow worse in every way; was extremely restless and uneasy, moaning constantly and attempting to turn about, but was apparently too prostrate to do so, and dirty mucus trickled from her mouth. In the morning of October 7th all the symptoms were worse; the throat was nearly closed, and she breathed with difficulty, with an occasional interruption as though from the swollen condition of the fauces; the fauces and tonsils appeared softened, jelly-like, and as if gangrenous, and the head was thrown upwards and backwards as far as possible. There was retching when anything was given by the mouth, even a teaspoonful of cold water would provoke it, and the matter brought up consisted of mucus reddened with the blood apparently oozing from the mucous membrane or resulting from the gangrenous state of the fauces, with some blood in streaks as if forced out by the retching. After retching she always fell back on to the pillow moaning, in a very weak and low voice, as though dying; she also sank down in the bed in a state of stupid lethargy like a dying typhus patient. The breathing was sighing, jerky, and intermittent, and there was loose, tickling, almost incessant cough, as though from trickling of the mucus into the larynx; the pulse could scarcely be felt; the rash was only faintly visible, and was brown and rough. Appreciating now the hæmorrhagic character of the attack *Crotalus* was (in the morning of October 7th) given internally, in the 4th attenuation, a drop in a teaspoonful of water dropped slowly into the mouth every half hour. *Canth. φ* was also poured on the compress which was applied over the tonsils, in order to raise the cuticle, with the object of applying *Crotalus* to the denuded cutis. In the afternoon she appeared to be dying. The *Canth. φ* having raised the cuticle round the

throat this was removed, and the wet compress was sprinkled over with *Crotalus*, 3rd trituration; this was renewed after an hour, and then every three hours.

There was no retching after the first application of the *Crotalus* to the denuded cutis; not even when beef-juice was administered, but the respiration and pulse remained much the same. In the evening as I sat by her bedside (for she was my daughter), expecting every moment to be her last, I noticed she gradually became less distressed; and during the night she dosed at intervals. Towards morning she really slept, and the breathing gradually became less laboured and less hurried and irregular; and on being roused for a dose of medicine she opened her eyes, and seeing me, she exclaimed: "Oh! Pa," as though surprised at my presence. By 8 a.m., October 8th, the pulse had fallen to 120, and could be distinctly felt; the respiration was becoming easy; the head was less thrown up; and the struggle appeared to be turning in her favour. The rash was now freely out on the body and legs, it was, however, of a purple colour. At his visit about 11.30 a.m., Dr. Drysdale was surprised at the alteration, and he gave a favourable prognosis. The same medicine was continued, now every two hours, and a simple water compress was kept to the throat. During the day of October 8th the rash gradually brightened in colour, and all the distressing symptoms receded rapidly, so that by evening she was able to drink with but little difficulty or pain; the respiration was almost normal, and the pulse was 100, and had gained some force and fulness. She slept well during the night, and the next day, that is, October 9th, her appetite began to return, and she looked wonderfully better; the change was really marvellous. From this date her recovery went on rapidly and steadily, the cuticle exfoliated rapidly, so that by the aid of vinegar baths and lard inunctions the skin was about natural on October 14th. She was attacked on the 5th, and nearly dead on the 7th under the treatment with *Bel. Rhus*, and *Merc. bin.*; *Crotalus* was administered in the morning of the 7th, it rallied her almost immediately, and she recovered so rapidly that a confident prognosis was given on the morning of the 8th.

CASE 2.—J. D. H—, æt. 13, brother of the above, began to complain on the fifth day after his sister, that is, October 10th. His attack began in the morning, and was marked by much the same symptoms as in his sister's case. He had *Rhus* every hour and a wet compress outside over the tonsils. There was at once great weakness, much dizziness, trembling, and staggering to falling before evening, and there were headache and nausea. The fauces and tonsils were dark red, and during the day they became tumid, and swallowing became painful and difficult. Pulse 130, small and soft. He had a restless, feverish night, with increase of all the symptoms, especially those of the throat; the prostration was extreme, and on blowing the nose it bled freely. The next morning, October 11th, that is, the morning of the second day of the illness, there was some brown miliary rash on the chest, and all the other symptoms were worse. *Crotalus* was now exhibited internally every hour, and *Canth. φ* was poured on the wet compress round the throat. There was much hæmorrhage from the nose during the day, and reddish mucus hawked up from the fauces. In the evening he appeared much the same. The cuticle raised by the *Canth. φ* was removed, and *Crotalus* 3rd trit. sprinkled on the compress as in the former case, and *Crotalus* 4 was continued internally. The epistaxis returned twice during the night. The next morning, October 12th, the rash was out well and the throat symptoms were diminished. He improved during the day, and had some sleep during the night. Next morning it was evident he was to recover. He made a like rapid progress with his sister, and was soon in fair health again. In this case, as in the former, *Crotalus* arrested the blood-poisoning almost immediately, and turned the scales in favour of the patient within a few hours.

I am satisfied that the application of *Crotalus* to the denuded cutis had a considerable share in bringing about the recovery, and in such cases I am persuaded that it would be advisable, as suggested by Dr. Drysdale, to introduce the *Crotalus* subcutaneously in the second or first attenuation (vide *Hahnemann Materia Medica*, Article "Crotalus: Mode of Administration."

REVIEWS.

Nitro-glycerine as a Remedy for Angina Pectoris. By
WILLIAM MURRELL, M.D. London: Lewis, 1882.

IN this little monograph Dr. Murrell gives an account of the introduction of *Nitro-glycerine* into medicine which is singularly incorrect. He attributes its first notice and employment to Mr. Field, of Brighton, twenty-five years ago, whereas all who are familiar with homœopathic literature are aware that the first to introduce it into medical practice was Dr. Hering, of Philadelphia, whose experiments were published in this journal thirty-four years ago, viz. in 1849, and that in 1853 some further observations were given also in this journal by Dr. Dudgeon. Since that time it has been extensively used in homœopathic practice. So that it was not until nine years after it had become one of our common remedies that it was noticed by the old school. Dr. Murrell, who betrays on many occasions a considerable familiarity with the writings and remedies of our school, must have known perfectly well that the credit of its introduction into medical practice is due to us and not to Mr. Field, and it says little for his candour and sense of fairness that when giving a history of its medical use he omits all mention of the real source whence those of his own school derived their knowledge of it. In this, however, he acts only as is usual with the writers of his school.

It was not until four or five years ago that Dr. Murrell determined to investigate the powers of *Nitro-glycerine* for himself. He prepared a one per-cent. alcoholic solution of it, and he found it to produce on himself the remarkable symptoms so well known to all who have tested its effects

on their own persons. We may give in his own words the result of his first trial of this one per-cent. solution.

"Wishing to taste it, I applied the moistened cork to my tongue, and, a moment after, a patient coming in, I had forgotten all about it. Not for long, however, for I had not asked my patient half a dozen questions before I experienced a violent pulsation in my head. The pulsation rapidly increased, and soon became so severe that each beat of the heart seemed to shake my whole body. I was quite unable to continue my questions, and it was as much as I could do to tell the patient to go behind the screen and undress so that his chest might be examined. Being temporarily free from observation, I took my pulse and found that it was much feebler than natural, and considerably over 100. The pulsation was tremendous and I could feel the beats to the very tips of my fingers. The pen I was holding was violently jerked with every beat of the heart. There was a most distressing sensation of fulness all over the body, and I felt as if I had been running violently. I remained quite quiet for four or five minutes, and the most distressing symptoms gradually subsided. I then rose to examine the patient, but the exertion of walking across the room intensified the pulsation. I hardly felt steady enough to perform percussion, and determined to confine my attention to auscultation. The act of bending down to listen caused such an intense beating in my head that it was almost unbearable, and each beat of the heart seemed to me to shake not only my head but the patient's body too. On resuming my seat, I felt better, and was soon able to go on with my work, though a splitting headache remained for the whole afternoon."

Exactly similar symptoms are recorded by many of Hering's and Dudgeon's provers, and Murrell has found similar symptoms caused by the drug in thirty-five people to whom he administered it, and of whose symptoms he has the notes.

Dr. Murrell had his pulse tracings taken by the sphygmograph when under the influence of *Nitro-glycerine*, and

he gives for the purposes of comparison sphygmographic tracings of his pulse when under the influence of *Nitrite of Amyl*. He says that these tracings show that the effects of these two drugs on the pulse are similar, and that they both produced a marked state of dicrotism, but this dicrotism is certainly not shown in the tracings he gives, on the contrary, all the normal curves of the sphygmograph are seen in all the tracings. We have taken sphygmographic tracings of the pulse of healthy persons under the influence of *Nitro-glycerine* (or *glonoine* as we term it), and find that the only alterations seen are an increase in the force and frequency of the pulsations and occasional irregularity of the rhythm. Murrell's tracings show nothing but increased force in the pulsations, and we may add that the tracings made by the pulse under the influence of *Amyl nitrite* differ completely in character from those caused by *Nitro-glycerine*, as any one can see at a glance. All the tracings he gives betray the mechanical imperfection of the instrument he used, which was evidently Marey's, or some modification of it. It is this mechanical imperfection that causes one of the tracings (No. 4) to seem dicrotic, but a close inspection of it shows that it has all the normal curves, and had the instrument been capable of representing the systolic up-stroke perpendicularly, the curve commonly but improperly called "tidal wave" would have been more plainly delineated.

So also the tracing given of the pulse under the influence of *Nitrite of Amyl* is not dicrotic, but only shows increased vivacity of the systolic up-stroke, and increased rapidity of the pulsations, precisely similar to what is observed after taking an alcoholic stimulant. Our own experiments with *Nitrite of Amyl* show that these are the only effects of this substance on the pulse-tracings.

Several cases are given where *Nitro-glycerine* exerted a marked beneficial action in angina pectoris, and other cases are related where it failed to cure, or even to prevent a fatal termination to the disease.

Some of the cases show a great susceptibility to the action of the drug, which, even in the small dose of $\frac{1}{100}$ th

or $\frac{1}{50}$ th of a grain, caused the characteristic headache and throbbing of the arteries, while one case showed an almost total insusceptibility to its action, the patient taking as much as one minim of the pure substance eight times a day with hardly any inconvenience. In seven days he took the enormous quantity of over a drachm of the pure drug.

On the whole, Dr. Murrell's cases seem to show that when *Nitro-glycerine* does good in angina pectoris, its beneficial effects are most marked when the drug is administered in such small doses that none or very moderate symptoms of its characteristic physiological effects are observed.

Dr. Murrell says that the pure *Nitro-glycerine* may be handled with perfect safety. That is his experience. Our own is not so favourable to its innocuousness. On one occasion we had a phial containing about two ounces of *Nitro-glycerine*, and on essaying to remove the cork the whole exploded with a loud detonation, shivering the bottle to atoms. The whole force of the explosion fortunately took place downwards, and our hands escaped without injury, but the same good luck might not attend a repetition of the experiment, and we would not advise anyone to keep a stronger preparation than a 5 per-cent. solution, which is quite strong enough for all medical purposes.

As a specimen of the power of *Nitro-glycerine* over angina, we transcribe Dr. Murrell's first case :

William A—, æt. 64, first came under observation in December, 1877, complaining of intense pain in the chest, excited by the slightest exertion. It was distinctly paroxysmal, patient being perfectly well in the intervals. The first attack was experienced in September, 1876. Patient was at that time in his usual health, and was, in fact, out for a day's pleasure in the country. The pain seized him quite suddenly when walking. It was a most severe attack—as severe a one as ever he experienced in his life. It caused both him and his friends great alarm, and they were most anxious that he should return home at once. He cannot tell at all what brought it on; he had been enjoying himself very quietly; it was not by any means a cold day, and he had not been running, or even walking faster than usual. He remained perfectly well until the following April,

when he experienced another similar attack ; and since then he has been suffering from them with increasing frequency. From September, 1877, they had been a cause of constant anxiety, and it was only by a determined effort that he could continue to follow his occupation.

The attacks usually commence with a feeling of warmth, then of heat, and then of burning heat in the chest, immediately followed by a heavy pressure, from the midst of which proceeds an acute pain, so that in a moment the whole chest seems as if it were one mass of pain. It is almost impossible, he says, to describe it, for he never felt anything like it before. The pain is first experienced at a small spot on either side of the sternum, corresponding to its junction with the fourth costal cartilages. From the chest the pain flies to the inner side of the arm, at a point midway between the shoulder and the elbow. It runs down as far as the elbow, but never to the fingers. It is not more severe on one side than the other. During the seizure the patient suffers most acutely and feels convinced that some day he will die in an attack. He usually experiences some shortness of breath at the time, but there is no feeling of constriction about the chest. He can speak during the seizure, though with some difficulty. The attacks are not accompanied by any sensation of warmth or chilliness, but patient is under the impression that he grows pale at the time. These attacks are induced only by exertion in some form or other, most commonly by walking, and especially by walking fast. Walking up hill is sure to bring on a seizure. Stooping down has a similar effect, and the act of pulling on boots will excite a paroxysm almost to a certainty. He is almost afraid to stoop down, and when he wants to pick anything up from the floor he goes down on his hands and knees. He has a slight cough, but although it shakes him at times it never brings on the pain. The attacks are not excited by food, but exercise taken after meals is more likely to induce them than when taken on an empty stomach. Patient has noticed that they are far more readily excited immediately after breakfast than at any other period of the day. They are more readily induced, too, after an indigestible meal than at other times, but patient is quite clear that no amount of indigestible food *per se* will bring on an attack. The paroxysms, as a rule, last only three or four minutes, but occasionally from twenty minutes to half an hour.

If they come while he is walking they always continue till he stops. Patients finds that stimulants afford no relief. In the intervals between the attacks, patient is perfectly well, and he feels that if he could only remain absolutely quiet the whole day, he would be quite free from pain. Practically as he is obliged to be out and about, he has several attacks, on an average six or eight every day. At the time of coming under observation the seizures were rapidly increasing both in frequency and severity. His family history was fairly good. His father died at the age of eighty-three, and hardly had a day's illness in his life. His mother died of phthisis, but only, patient says, through catching cold, hers not being a consumptive family. He lost two brothers, one at the age of eighteen from consumption, and the other in the tropics, cause unknown. He has two brothers and one sister living, all well. There is no family history of gout, asthma, fits, heart disease, or sudden death. He has four children, one of whom (a boy) is consumptive, and the other (a girl) subject to facial neuralgia. Patient is a bailliff by occupation, and is a remarkably intelligent man. He is a cool, clear-headed fellow, but little prone to talk of his sufferings although they are at times very severe. He has travelled much, and has lived in Egypt, Turkey, Italy, and Greece. For the last thirty years he has been accustomed to lead an active out-door life, seldom walking less than fifteen miles a day, often very fast. He has, he says, done a great deal of hard work in the way of pleasure. He usually smokes about two ounces of bird's-eye in the week, and has done so for years. His health has always been remarkably good with the exception of rheumatism ten or twelve years ago, and pleurisy seven years ago; he has never suffered from gout. On a physical examination, it is noticed that there is some fibroid degeneration of the arteries, and there is slight hypertrophy of the left ventricle. There are no signs of valvular disease, and there is nothing to indicate the existence of aneurism. The urine was free from albumen. There could be no possibility of doubt respecting the diagnosis. It was a typical uncomplicated case of angina pectoris.

Patient was placed for a week on *infusion of quassia* in order that he might be observed, and also to eliminate the effects of expectation. It need hardly be said that he derived no benefit from this treatment. He was then ordered drop doses of one

per-cent. *Nitro-glycerine* solution in half an ounce of water three times a day. At the expiration of a week he reported that there had been a very great improvement. The attacks had been considerably reduced in frequency, and for two or three days he had had only one attack—in the morning after breakfast. The attacks when they did occur were much less severe. He found too that a dose of medicine taken during an attack would cut it short. He had tried it several times, and it had always succeeded. It would not act instantly, but still very quickly; so that the attacks were considerably shortened. He was thoroughly convinced that the medicine had done him good, and said he was better than he had been since first he had the attacks. It was found that the *Nitro-glycerine*, even in this small dose, had produced its physiological action. Patient complained that for two or three days he had experienced a strange fullness in his head with a sense of pulsation. The pulsation was felt chiefly in the temples, but also across the forehead. It caused him no positive inconvenience, and he evidently had no suspicion that it was due to the medicine. The dose was then increased to three minims, and patient found that this gave him more speedy relief. On two days during the week he had no seizure at all, a most unusual circumstance. Patient had adopted the plan of carrying his medicine with him in a phial and taking a dose if an attack seized him in the street. It never failed to afford him relief. The beating had increased considerably in intensity, and was described as being a "kind of pulse." Patient had discovered the fact that it was produced by the medicine. It came on immediately after each dose and lasted about a quarter of an hour. It was now experienced chiefly across the forehead. Patient continued steadily to improve and the dose was gradually and cautiously increased. With the increase in dose the pulsation became more severe, lasting from twenty minutes to half an hour. When twelve minims were given every three hours it became a positive inconvenience. On January 14th the dose of *Nitro-glycerine* solution was increased to fifteen minims every three hours. A few days later he had a "kind of fit" immediately after having his medicine. The pulsation came on as usual, but was quickly followed by headache and pain at the back of the neck. His speech "began to go off," and he felt that he would have lost his senses had they not given him tea and brandy.

Patient took the fifteen minim dose every three hours from the 14th to the 28th of January, but on the latter date had two "bad shocks." He took a dose of medicine in the morning as usual and had the customary pulsation, which passed off after about half an hour. An hour and a half later he experienced a sensation as if he would lose his senses. He did not fall, but had to catch hold of something to prevent himself from so doing. It did not last more than half a minute, and there was no pulsation with it. The other seizure occurred later in the day and was of the same nature. Patient attributed these attacks to the medicine, and was in no way alarmed by them. He thought it advisable, however, to reduce the dose by a third, and henceforth had no return of the fits. At this time his anginal attacks were so thoroughly kept in check by the *Nitro-glycerine* that they gave him comparatively little inconvenience. He always carried his bottle of medicine with him, and immediately on experiencing the slightest threatening of an attack he took a sip. Relief was certain, for even when it did not at once cut short the attack, it eased the pain so considerably that he was able to go on walking. For two months longer he continued the ten minim dose, sometimes taking a little more and sometimes less. The attacks became gradually less severe and less frequent, the dose was reduced to one minim, and in April he was so much better that he was able to do without the *Nitro-glycerine* entirely. He continued to attend from time to time until the following September, taking nothing but cod-liver oil and a little tonic, and during the whole of that time he had not a single attack. In July, 1879, he was seen again, and said he was well and strong. He had a good deal of trouble and anxiety, but his health was excellent. He had had no return of the attacks. He could walk six miles at a stretch at a good pace, and found no difficulty in going up-hill. He had gained weight and ailed nothing. I still hear from him occasionally, and he is now (January, 1882) well and strong, and has had no return of his old attacks. In this case the cure has been complete, and it appears to be permanent.

In the June number of the *Practitioner*, Dr. Matthew Hay has an article on the chemical nature and physiological action of *Nitro-glycerine*, which adds little or nothing to our knowledge in the latter respect. He gives sphygmographic tracings to show the effect of *Nitro-glycerine* on

VOL. XLJ, NO. CLXV.—JULY, 1883. R

the pulse. He infers, from a comparison of the sphygmographic tracings before and after the administration of the drug, that it diminishes the tension of the pulse, but to ourselves, who are well accustomed to the use of the sphygmograph, the two tracings are identical, any slight apparent differences being manifestly owing to the imperfect application of the instrument, the differences being just such as an unaccustomed operator will see in his tracings of the same pulse at different trials. It would be well if all writers who give sphygmographic tracings would mention what instrument they employ and what pressure was on the spring of the instrument, otherwise the sphygmographic records are nearly valueless to the student.

Homœopathy in its relation to the Diseases of Females, or Gynæcology. By THOMAS SKINNER, M.D. Second Edition. London: Homœopathic Publishing Company, 1883.

THIS is almost a reprint of the work published in 1875, and reviewed by us in this Journal (vol. xxxiv, p. 319). The principal changes we notice are that "Gynæcology" is now spelt right, and that two of the most interesting and amusing cases of the original are omitted, viz. that of the cat which "went all over the house mourning her loss [of kittens] in unmistakeable tones of grief," and was cured in half an hour by one globule of *Ignatia* 1m, thereby illustrating "the power of homœopathic medicines over the mind and affections," and that of the gentleman who "was bemoaning the fearful state of the timber trade," and was cured by the same remedy. The same threat of the author to publish a number of additional cases on which to build his "sweeping reforms," which appeared in his work of seven years ago, is repeated in this edition, but no additional cases are given. In the first edition a case of "menorrhagia with large uterine fibroid tumour" is given, and the author says "she continues to take the *Platina*

c. m. (*Swan*) to see if it will have any effect in reducing the size of the tumour;" but as this is omitted in the second edition we presume the "*Platina c. m. (Swan)*" did not reduce the size of the tumour. In the first edition the dilutions of Swan, Boericke, and Fincke are vouched for as being "made by processes such as Hahnemann himself would highly approve;" but in the second edition the names of Swan and Fincke are significantly omitted and others substituted, which would imply that Dr. Skinner no longer believes that Hahnemann would highly approve of their dilutions. But at the same time Dr. Skinner tells us where to get Swan's and Fincke's high potencies if we should desire to procure them, which we do not, now that Dr. Skinner cannot vouch for their Hahnemannic correctness. As Boericke, whose preparations still meet with Dr. Skinner's approbation, has abandoned high potencies and taken to low attenuations, we presume his potencies are out of the market. Where, in the first edition, Swan's and Fincke's potencies are mentioned, the figures expressing the potency are all altered in the second edition, thus the "*c. m.*" becomes "*15 m.*," "*10 m.*" is now "*1 m.*," "*m. m.*" is "*150 m.*" These are about all the alterations we observe in this new edition. One addition we find in it: a case of constipation (Case IV of the first edition) contains the new and important information, not vouchsafed to us in the first edition, that the patient's brother, "four years of age, is the veriest little d—l," whatever that may mean. But not this addition, nor the beautiful sky-blue and gold of the boards, can compensate to us for the loss of the two cases that adorned the first edition, which taught us how, with one and the same remedy in a very high potency, to alleviate the sorrows of pussy mourning her drowned offspring, and to assuage the grief of a gentleman "bemoaning the fearful state of the timber trade."

Gelsemium Sempervirens. A Monograph by the Hughes Medical Club of Massachusetts. Boston: Otis Clapp and Son.

THE society which has honoured one of the editors of this Journal by adopting his name is composed of young medical men banded together for the study of *materia medica*; and the pretty little volume before us is the first fruit of their work. It is an arrangement of the symptomatology of *Gelsemium* on the model of the "Belladonna" of the Hahnemann *Materia Medica*. That is, although the provings and poisonings have their component elements dispersed under the headings of a schema, the interconnection of these is indicated by cross-references, so that the natural grouping is not lost sight of. We cannot think that such mode of presentation supersedes the necessity of giving the provings themselves in detail; but it is the next best thing thereto, and is—without any index—immediately available for clinical reference. We thus can hardly have too many monographs of the kind, and if all are done as well as the present one the profession will have abundant reason to be satisfied. The materials have been collected fully and discriminately; the botanical and chemical introductions are sufficient, and also the account of the experiences made with the drug on animals; and the commentary affixed to each section is thoughtful and thorough. We miss only the therapeutic element, which should—we think—play a larger part in a work of this kind, either in a separate chapter, or in the comments on the symptomatology of each region.

In reading this volume we have noted the following errors, which should be corrected in the future edition we hope it will attain. On p. 15 the alkaloid of *Gelsemium* should be "gelsemia," or (as the authors afterwards call it) "gelseminin," not "gelsemium;" and Professor Wormley should surely be said to have obtained "an alkaloid" instead of an "alkali" from the plant. On p. 17 Bartholow should not be described as "of London;" he is

their well-known compatriot. On p. 29 the experiments of Drs. Ringer and Murrell should not be classed among "Cases of Poisoning," and on p. 44 the latter physician's name should not be given as "Murril."

We shall hope to receive more work of this kind from the Hughes Club.

Town Eger's Mineral Waters and the Mineral Iron Moor at Franzensbad as Remedies used afar from the Watering-place. Eger, 1883.

THIS little treatise is signed with the name of Dr. August Sommer, so we presume he is the author. He is evidently of the opinion of the renowned Dogberry that reading and writing come by nature, at least writing English, for he has here written a little book in what is intended for English, but which is evidently that language evolved out of his own inner consciousness. We do not suppose that many Britons could be found—though they are not wanting in audacity—who would be so bold as to attempt to write a treatise in German or French with the sole aid of a dictionary but without the slightest knowledge of the language; but such audacity is by no means uncommon among German and French mineral-water doctors, and the treatise under notice is by no means the only one we have received, which shows that the author's estimate of his knowledge of English is slightly in excess of its deserts.

"Franzensbad," Dr. Sommer tells us, "as most watering-places that have a natural store for medication in the plentifulness of mineral wells, mineral moors, or such kind of physicks, has been visited during the last years by a great deal more patients, recurring to those remedies, than at any time, and the number of these visitors is still increasing."

And as, of course, the mother tongue of many of these visitors is English, Dr. Sommer is anxious that they should be provided with a little treatise which shall not only tell them all about Franzensbad and its mineral wells and moors,

but likewise introduce them to a doctor who is able to converse with them in their language.

"The rapid prosperity of our watering-place," he goes on, "seems the consequence not merely of a just ruling fashion, but of the eminent progresses of medicine and chymistry, both sciences—inseparable the one from the other—continuing to explore, to recognise, and to adopt successfully substances and qualities of Franzensbad's excellent remedies. To its quick increase there are adding no less the general ways of communication, considerably augmented and cheapened. Indeed, by these ways, now even those patients are allowed to enjoy the watering-place, who formerly, for the kind and gravity of their disease, or on account of their disfavoured fortune, never would have been able to take—so fatiguing and so expensive very often—a journey."

In this style the book goes on with amusing unconsciousness on the part of the author that he is writing nonsense. Some of his phrases are even more grotesque than the specimens we have taken from his introductory paragraphs. Thus: "The use of these remedies, therefore, seems indicated, everywhere there is a downed organ, or a whole system of downed organs, to vivify and to corroborate, or when the sustenance of the organism is to better, in order to lessen and to regulate its excessive excitability; unless there be already any incurable destruction or revolution of the concerning textures." He talks about "chronick good-natured exsudations," "stowing-appearances," "abluent salts," "silicious-acid conjunctions," "its yieldingness is counted of circa 15—28 liters of water in the minute," "a most pernicious cure," "delucidly considered," "the cold sputter is the best wine-well," "the treatening physician," "aggerated within the blood," "patients whose digesters are rather irritable, support a warmed well better than a cold one." But there is no use multiplying examples of the author's extraordinary English; the whole work is in a similar style. It is, or ought to be, a warning to all not to attempt to write a book in a language with which they are unfamiliar, for the mere desire to attract English

patients to one's consulting rooms will hardly enable one to write understandable English without previous study.

De l'Atrophie axiale du Nerf Optique. Par le Dr. DE
KEERSMAECKER.

THIS is a reprint of an article by our Belgian colleague in the *Receuil d'Ophthalmologie*. The disease was of the hereditary character, and was observed by the author in five different members of one family. It is characterised by central amblyopia which generally occurs suddenly at about fifteen years of age, gets worse for several weeks, and then either retrogrades or remains stationary for an unlimited time unless altered by treatment. The ophthalmoscopic sign most generally noted is an atrophic appearance chiefly on the external section of the optic disc and the neighbouring retina. The author offers a theoretical explanation of the hereditary nature of the disease. He asks, "May not a person who has a central amblyopia caused by poisoning" (he does not suggest by what) "transmit the defect to his posterity in the same way as guinea-pigs who have had their sympathetic nerve divided transmit the defect to their young ones?" That question seems to us less important than the other one—how the disease is to be cured—and the author gives us his treatment of one of his cases:—Continuous current, Weiss's piles, 8 elements, negative pole on the eye, positive on the temple near the orbit, for five minutes every day. *Iodide of Potassium* (dose not stated). The result was great amelioration after two months.

Students' Guide to the Examination of the Pulse. By
BYROM BRAMWELL, M.D., 2nd edition. Edinburgh: 1883.

IN this second edition the author gives a full account of Dudgeon's sphygmograph, with illustrative woodcuts, but his illustrations of pulse-tracings are all, as in the first edition, done by the less correct instrument of Marcy.

GLEANINGS, THERAPEUTIC AND PATHO- GENETIC.

Cases cured by Aconitine.

IN a work recently published by Drs. Laborde and Duquesnel, entitled *Des Aconits et de l'Aconitine*, we find a number of cases of cures by the alkaloid which do not teach us anything new concerning the therapeutic power of *Aconite*, but are interesting as corroborating the curative action of the drug which was first discovered by Hahnemann's experiments.

OBS. 1. *Prosopalgia*.—In May, 1875, we were consulted by a lady aged twenty-five, who complained of horrible pain in the whole left side of the face, which nothing she had used had succeeded in mitigating. This lady generally enjoyed good health. About the end of February, the cold being exceptionally severe, she went out of her house at night with nothing on her head, while snow was falling. Her sufferings date from that time. They commenced by a painful point beneath the orbit and towards the temple, which gradually extended through the whole cheek and to the mastoid and sub-occipital regions. The teeth are sound but the gums are congested, red, and painful through their whole extent. The menstruation is regular. The expression of her face is that of suffering, her features are pinched and retain a timorous immobility, as if she dreaded the slightest movement or touch. Merely stroking lightly the cheek with the finger suffices to bring on an attack of pain with lachrymation, salivation, and fibrillary spasms. The sub-orbital, temporal, superior, and inferior maxillary regions, are especially sensitive to pressure. The neuralgia is continued, but the evening and nocturnal aggravations are so severe that for some time back the patient has had to be watched lest she should do herself an injury

in her fits of despair. She only sleeps for a few hours in the morning when completely worn out by pain and insomnia. She can hardly take any food, especially of a solid nature. She has wasted away considerably and is excessively weak. Opiates only gave temporary relief at the commencement, but this was not maintained even when their dose was increased. These having failed it was resolved to give *Aconitine*. One granule (containing $\frac{1}{4}$ milligramme) of *Nitrate of Aconitine* was prescribed, to be taken at 6 p.m., a second granule five or six hours afterwards, a third next day, about noon. The first two granules gave such relief that the patient, in spite of orders to the contrary, took the third granule in the night. She soon presented the symptoms of an overdose of *Aconitine*: general sense of coldness, tendency to faint, præcordial anxiety, nausea, and finally vomiting. These accidents soon subsided spontaneously, and had completely disappeared when the patient came to me next day and confessed that she had gone beyond my prescription, but that she felt she was cured. She was delighted to say that for the first time for two mortal months she had been able to sleep, and had escaped her frightful tortures. In spite of this unmistakeable result she was ordered to continue the treatment, but not to take more than two granules during the night and one during the day. This she did, and the third day all pain had completely disappeared, the sleep was perfect, her countenance serene, appetite returned, and she could perform all her household duties. She continued to take one granule at night and one during the day for another week, then only one granule at night for another week. She has now been quite well for fifteen months.

Obs. 2. *Prosopalgia*.—A young lady, residing near the preceding case, wrote to us in November, 1875:—"I have pains all over the left side of the face, just like those from which Mrs. X—suffered, who was cured by you. I shall feel obliged if you will tell me quickly what to do, as I cannot hold out long against them." I concluded from this brief statement that Mrs. B—had facial neuralgia, but I knew not under what circumstances the disease had arisen, what was its cause, what its duration, or whether it was symptomatic or idiopathic.

I asked her for information on these points, and was told that the neuralgia on the left side of the face had suddenly appeared

two days ago in consequence of getting a chill at night; that she had no decayed teeth that might have set up the pain; that the neuralgia was continual, with aggravations in the evening and night, but that there were no intermissions. These data were sufficient indications for *Aconitine*. I sent her therefore ten granules of crystallised *Nitrate of Aconitine* (of $\frac{1}{4}$ milligr. each), with directions to take one granule every five hours, but not more than three in the twenty-four hours.

A few days afterwards the patient informed me that the pains had completely ceased after three granules, but by way of precaution she continued taking one granule per diem for eight days. She has remained till now (eight months) free from any attacks of pain.

OBS. 8. *Prosopalgia*.—One of our friends on his return from his country quarters told us that the lady of the house at which he had been staying was suffering for the last twelve days from horrible pains in one side of the face, which did not give her a moment's rest, caused her to weep and moan constantly, and did not allow her to take the slightest nutriment. She had not derived the slightest benefit from the remedies used, chiefly *Opium*. My friend, who is not a medical man, could not tell me the form nor the dose of the *Opium* given. The patient was in despair and felt she could not continue to live in such torture. My friend, who had heard of the effects of *Aconitine* in certain neuralgias, asked if it might not be of use in this case, and begged me to give him some with directions for its use. I remarked that there were various kinds of neuralgia, and that it was important to know the condition under which this neuralgia had appeared in order to be able to judge whether the remedy were suitable. That one of the essential conditions was the etiological one. On this point my friend was not able to present me with any information beyond his belief that there had been a preliminary chill. He was certain that the lady was not subject to neuralgia, toothache, or earache. Yielding to his solicitations I gave him twelve granules of crystallised *Nitrate of Aconitine*, which he sent to the lady with instructions similar to those given in the previous cases.

After the lapse of two days my friend showed me a letter from the patient, which said:—"The small pilules you sent me immediately removed my horrible pain. Only since it has gone I have

very violent itching all over the body. Perhaps this is caused by the medicine"—which it most likely was, as that is one of the effects of *Aconitine*, though it has mostly been observed after hypodermic injections.

The authors insist that *Aconitine* is very useful in facial neuralgia proceeding from a chill, and they think the above cases prove this. They give a case of neuralgia depending on caries of the teeth where *Aconitine* was of no use, as a negative proof of their proposition. With respect to this we would observe that the last case differs from the previous ones, not only in etiological, but probably also in essential character, and will hardly establish the conclusion of the authors.

Obs. 4. *Prosopalgia*. A washerwoman, æt. 36, of robust constitution and usually healthy, has been suffering torture for a month from right facial neuralgia, caused, it would seem, by a chill. *Blisters*, *Morphia*, *Quinine*, given so as to cause *Quinine* intoxication, extraction of a tooth, all failed to relieve her.

July 21st.—Present state: excessive hyperæsthesia of all the right side of the face, especially along the course of the supra- and infraorbital and auriculo-temporal branches. In the intervals painful spots, general dermalgia over all the parts supplied by the fifth pair of nerves as far as the middle of the chin and the suprahyoid region, also in the interior of the mouth. Excessive secretion of tears and saliva. One half milligramme crystallised *Nitrate of Aconitine* was injected at once under the skin of the neck on the affected side. Soon afterwards feeling of peppermint on the tongue, which seems to enlarge and become paralysed; great heat throughout the body; exaggerated size of lips and chin; difficult respiration; numbness of the limbs; inclination to vomit; general weakness. These symptoms lasted from 6 p.m. (the time when the injection was made) until midnight. During this time the neuralgic pains had materially diminished.

22nd.—9.30 p.m., pulse 84, temp. 37.6° C. At 10 a.m., injection of half a milligramme of *Nitrate of Aconitine*. 11 a.m., pulse 90, temp. 37.7°. The tingling in the lips and hands is pretty severe; there is even a sensation of slight enlargement of the chin and nose; some heat throughout the body and slight anxiety. At 11.30 a.m., pulse 78, temp. 37.4°. All the limbs are numb; the affected side of the face is almost insensible to cold and to touch.

This is ascertained by applying a cold spoon, which could not be done without pain before the injection or even for some time after the operation; now the patient bears cold as well on one cheek as on the other; pressure on the affected nerves causes little pain. We observe that the amelioration commenced yesterday, the patient suffers less; there is now no excessive secretion of tears and saliva. The mode of administering the medicine was now changed. The patient was directed to take half a milligramme of *Nitrate of Aconitine* every four hours; in the morning she got a hypodermic injection in the painful part, one granule about 2 p.m., a hypodermic injection about 6 p.m., and two granules at night. In this way the patient felt little of the excitant action of the medicine, but felt its anæsthetic effects for a long while.

23rd.—9 a.m., pulse 74, temp. 37.4°. Injection of half a milligramme of *Nitr. of Aconitine*. 10 a.m., pulse and temp. idem, some tingling in hands and lips. Cold not much felt on affected cheek. Its sensibility is rather blunted; this is ascertained by pressing slightly and slight pinchings, and pricks with a pin. The patient does not taste sugar, she only perceives a sweet taste when she swallows sugar well dissolved in the saliva. Same prescription as yesterday. The pains have completely subsided to-day, the patient has slept well, opens her mouth better without feeling the acute sufferings of the previous days when she moved her lips or tried to chew. On pressing at the seat of the supra-orbital, infraorbital, and auriculo-temporal nerves, it is evident that the sensibility to pain is much blunted. As regards the dermalgia, formerly spread over the small branches of these nervous trunks, it has completely disappeared. The hypodermic injection could not be performed this evening, and the patient took a granule at 1 o'clock; in consequence, the neuralgic pains recurred, though in a mitigated form, about 7 o'clock, proving that the anæsthetic action of the granule taken at 1 o'clock occurred. At 8 o'clock a granule containing half a milligramme. Some seconds afterwards slight tinglings on the lips, and diminution of the pain about 10 p.m. The patient fell asleep at 11, woke at 3 a.m., and took her last granule.

24th.—The patient has no more pain; at 9 a.m., pulse 70, temp. 37°. Injections and granules as on the other days.

27th.—No more pain and same prescriptions since the 24th.

Patient sleeps well, opens her mouth easily, has no trouble in chewing, and asks to go out.

OBS. 5. *Acute articular rheumatism*.—A girl, æt. 20, robust, of lymphatico-sanguine temperament. Had an attack of acute articular rheumatism four years ago.

July 14th.—At present all the joints are swollen, red, hot, very painful; the least movement, the slightest pressure, causes her to scream. Sleep impossible. Strong fever, pulse 120, cardiac sounds dull, distant, slight souffle with first sound at apex. *Sulp. of Quinine* one gramme per diem; application of cold compresses on joints. About a month later, August 10th, the patient had no more pain and got up. But the amelioration did not last long. Relapse 17th of August. *Nitr. of Aconitine* prescribed.

On the 18th, 8 a.m.—Patient in bed, weeps and says she suffers most on the whole of the right side, chiefly the hip, knee, and ankle. No swelling to be seen, nor any redness of the affected parts; but the pain is acute, and the slightest touch causes her to scream. Not so much pain on applying pressure to wrist, elbow, and shoulder. Feels pretty strong, pulse 103, temp. 37·6°. 10.30 a.m., $\frac{1}{2}$ a milligramme of *Nitr. of Aconitine* injected under the skin of the right hip. Injection attended by a burning feeling, soon followed by heat and redness to a certain distance round the point of injection; then cool feeling in the mouth, or rather sensation like peppermint drops; slight tingling of lips which feel numb. 11 a.m., pulse 108, temp. 37·7°. Burning less severe, but there is a pretty large red patch at the seat of the injection. The whole thigh and leg are the seat of tinglings and numbness, especially the thigh. The rheumatic pain remains the same. The tongue and lips are more numb, there are also pricklings in the arms and hands. 11.20 a.m., pulse 108 to 110, small, irregular; temp. 38°. All the right lower extremity is very sensitive. There are little shocks. The sensitiveness to pain and to cold seems more pronounced than before the injection. The patient is more sensitive to the touch of a pin or a cold spoon than before. The body is warm and tingling all over. The acute rheumatic pains are confounded with the effects of the drug. Three granules of $\frac{1}{2}$ milligramme, to take one in the afternoon and the two others in the night at four hours' interval.

19th.—10 a.m., pulse 90, temp. 37·5°. The patient says that

the rheumatic pains were much lessened at 7 p.m. The thigh still numb but easily moved. All the other joints nearly free from pain. She took a granule at 8 p.m., fell asleep about 9, though she felt slight tingling in the tongue and lips, and did not awake till 3 a.m., when she took the third granule. A little tingling on the lips and arms half an hour afterwards, but she fell asleep and slept till 6 a.m. Injection of $\frac{1}{2}$ milligramme of the drug. 10.40 a.m., pulse 90 to 92, irregular; temp. 37.7°. Taste of peppermint, prickling in lips, tingling in arms; redness and burning on thigh where the injection was made. 11.30 a.m., pulse and temp. the same. Burning somewhat diminished, redness paler, but extending further on the hip. Three granules to be taken as yesterday.

20th.—Pulse 72, temp. 37.4°. Night good, slept well, scarcely any suffering, nothing but tingling of lips and hands after each granule. 9.30 a.m., injection of $\frac{1}{2}$ milligramme of the drug under the skin of the right arm. The pain in shoulder more acute this morning. 9.45 a.m., pulse 86, temp. 37.7°. Sensitiveness to pain and cold greater on the side where the injection was made. Tinglings and numbness. 11 a.m., pulse 76, temp. 37.6°. Three granules of $\frac{1}{2}$ milligramme to be taken as before.

21st.—No pain, no fever, pulse 72, temp. 38.4°. 9 a.m., injection of $\frac{1}{2}$ milligramme.

From 22nd to 26th no more pain, no more fever, no more injections. Two granules of $\frac{1}{2}$ milligramme per diem was continued by way of precaution. The patient left the hospital.

OBS. 6.—*Acute articular rheumatism*.—A man, æt. 28, lively and nervous, arthritic antecedents, had an attack of acute articular rheumatism at the age of 16.

Present state: 13th June.—Acute shooting pains in the ankle and knee-joints, swelling and heat, pain in loins; arms free from rheumatism. Bellows sound at apex of heart with first sound, rough, slightly scraping. *Sulp. of Quinine*, one gramme per diem, cold compresses to joints. Three days after this the joints of the lower extremities were free from rheumatism, but those of the upper extremities were affected. Same treatment; the swelling yielded rapidly, but very severe pains continued. So on 3rd July, at 10 a.m., the pulse being 82 to 86, irregular, the patient got five granules of $\frac{1}{2}$ milligramme of *Nitr. of Aconitine*, to be taken in the twenty-four hours thus: one granule morning

and evening, and three granules in the night from 8 p.m. till 5 a.m. During the day the patient only experienced a little coolness in the mouth and a taste of peppermint, and very slight tingling in the upper extremities. These sensations were experienced about half an hour after taking the granule and lasted nearly two hours. The rheumatic pains slightly diminished. In the night, after having taken the second granule at midnight, he had strong tingling all over the body; he had flushes of heat, a little dryness of the throat, some strong beatings of the heart, and a slight numbness and heaviness in the limbs; he was long of falling asleep. The weather was very hot. During this time he did not suffer so much from rheumatic pains, and at 5 a.m. he took the last granule.

July 4th.—Complains of not having slept. Says his pains are diminished, and that he has slight tingling in the hands and some weariness. Pulse 80. At 1 p.m. one granule of $\frac{1}{4}$ milligramme of *Nitr. of Aconitine*; at 3 p.m. a granule of $\frac{1}{4}$ milligramme. He feels tinglings all over. Sensation of pepper in the mouth, gradually a kind of numbness in the limbs, itchings over the body, some dryness in the throat. At 4 p.m. the limbs are heavy, the pain in the joints is not much excited by the touch; pulse 80, irregular, intermittent; prostration and drowsiness. At 4.30 he is comfortable, is able to move the limbs without much pain. At 4.45, pulse 92, injection of $\frac{1}{4}$ milligramme of *Nitr. of Aconitine* under the skin of the right forearm near the affected wrist. Scarcely was the injection made when the patient complained of great burning in the arm, and as he is very nervous he turns about in bed, makes faces, and forgets that his joints are affected. In a short time he has disagreeable tinglings in tongue and lips, he imagines for a moment that his lips and nose are increased in size; itching all over and intolerable feeling of heat. Pulse small, irregular, 92 to 96. At 5 p.m., general malaise, some inclination to vomit, slight obscuration of vision, constriction in temples, numbness and some stiffness in the limbs. Suddenly jerks in the arms like clonic spasms, lasting two or three minutes; then calmness, a kind of prostration, some cold sweat on the forehead, paleness of face, inability to grasp anything with the hands. No pain to the touch in any of the joints. Pulse 74 to 80, small, intermittent. Gradually strength returns with the heat; thirst for cold water; says he has no pain and feels

nothing but prostration. At 5.15, vision perfect ; respiration easy ; appetite ; pulse 80, full, regular. The night was good, the patient slept well and had little pain.

5th.—Pulse 80 ; movements of joints freer and less painful ; patient is hungry. To take four granules of $\frac{1}{4}$ a milligramme in the twenty-four hours.

6th.—Sleep quiet, pains very slight, but the movements are not easy, especially those of the shoulder. Six granules, one to be taken every four hours.

7th.—No fever, slightly depressed ; slept well at night, though there were some tinglings after each granule and slight prostration. No pain in joints. Patient walks about in the ward and garden, eats at every meal and has no pain.

8th, 9th, and 10th.—Four granules per diem, after this he had no pain except on violent exertion.

Manganese in Amenorrhœa.—In 1849 Harmon showed that chlorosis was curable by *Manganese* even when *Iron* failed, and in 1850 Dr. Madden mentioned (*British Journal of Homœopathy*, viii, 195) that he had seen good effects in three cases of anæmia from $\frac{1}{3}$ gr of a gr. of *Mang. acet.*, three times a day. Ringer and Murrell (*Lancet*, Jan., 1883, p. 7) call attention to the value of *Permanganate of Potash* in certain forms of amenorrhœa. One grain three times a day is what they commence with. The most striking results were obtained in young women between eighteen and twenty-five, who from some accidental cause, such as taking cold or getting wet, had missed the period once or twice, though previously regular. In cases where the patient had only menstruated once or twice, and had then ceased for several months, it did admirably. It also cured leucorrhœa of long standing in such patients. In chlorosis it often brings on the menses without improving the anæmia. This observation does not agree with that of Dr. Madden, who found it useful in anæmia.

Ammoniacal Sulphate of Copper in Facial Neuralgia.—Fereol (*Jour. de Therap.*, Oct. 25th, 1882) found this drug efficacious in tic when other remedies had failed. In almost all it relieved the pain, sometimes instantaneously restored sleep to patients who had been deprived of it for weeks. The usual dose was from ten to fifteen centigr., sometimes increased to thirty or fifty. The larger dose often caused derangement of the digestive organs.

Duboisia in Exophthalmic Goitre.—Desmos (*Rev. des Sciences Méd.*, Oct. 15th, 1882) had great success in three cases by hypodermic injections of from 0.5 to 1 milligramme of the neutral *Sulphate of Duboisia*. The projection of the eyes and palpitation diminished, the general health improved, the thyroid enlargement, with the accompanying pulsation and bruit, decreased greatly. Slight symptoms of poisoning, such as formication and cramp in the gluteal region, were observed in two cases, which rendered a reduction of dose necessary.

Anthemis Nobilis in Infantile Diarrhœa.—Elliott (*Pract.*, xxix, 426) finds an infusion of chamomile flowers especially useful in the diarrhœa connected with dentition when the stools are many in number, green in colour, slimy and streaked with blood, and there is pain and cramp. These are precisely the characteristics of the stools in which Ringer recommends *Chamomile*. The latter does not say what *Chamomile* he uses, but probably the medicinal qualities of the *Anthemis nobilis* and the *Matricaria chamomilla* are nearly, if not quite, identical. As an adherent of modern scientific medicine is never happy unless he can give a quasi-pathological reason for his prescriptions, we shall not search in vain for one from Dr. Elliott. He says, "The *rationale* of the treatment is explained, I believe, by the power which chamomile flowers possess of subduing reflex excitability." Why not: *quia est in ea virtus anti-diarrhœica*? The real *rationale* or reason of Ringer's use of *Chamomile* in infantile diarrhœa, and of Elliott's employment of it after him, is that it has been used successfully for just the same condition by the school of Hahnemann for more than half a century.

Arsenite of Bromine in Diabetes.—Dr. T. Clemens claims his treatment of diabetes as the most successful of modern times. He dissolves *Bromine* and *Arsenious acid* in water and glycerine, so that two drops of the solution represent the twenty-fourth part of a grain of *Arsenite of Bromine*. The dose is two drops three times a day, gradually increased to nine and twelve drops daily, each dose to be given in a wine-glassful of water immediately after a meal, which should consist mostly of meat. The thirst and diuresis soon diminish, and the percentage of sugar decreases. The dose is to be increased gradually until the sugar in the urine has entirely disappeared.

Mode of administering Santonine for Vermicide purposes.—

Lewin (*Berlin. Klin. Wochensch.*, March 19th, 1883) says that in aqueous solution it is inert, but that given dissolved in oil it quickly and effectually destroys the worms. Oil of almonds, cocoa-nut oil, olive oil, cod-liver oil, butter, &c., may either of them be used as the solvent.

Belladonna as a Prophylactic of Scarlatina.—Mr. Owen Pritchard, of Kingston Hill, writing in the *Lancet* of April 14th, states that he has given *Belladonna* an extensive trial as a prophylactic in a scarlet-fever epidemic with great success. He gave one to three minims of the tincture three times a day to all the children in a house between six months and fourteen years of age, as soon as one of the household had been attacked. It was thus given to twenty-eight families, numbering seventy-four children, of which only four—5·4 per cent.—took the fever; whilst among those similarly exposed, and to whom *Belladonna* was not given, 36·2 per cent. took it. Of course no acknowledgment is made to Hahnemann or homœopathy.

Iodine-painting in Smallpox.—Bojinski-Bojko (*Vratch*, 1883, No. 1) found that if a patient suffering from the prodromal symptoms of smallpox was painted on the anterior part of the thighs with *Tincture of Iodine* the eruption of variolous pustules was strictly limited to the skin so painted, and the disease ran a remarkably mild course. He tried it in four cases with the same result. Anti-vaccinationists should make a note of this.

Pilocarpin in Hydrophobia.—A patient was brought to the hospital suffering from hydrophobia caused by the bite of a rabid dog. *Morphia*, *Bromide of Potassium*, and *Codeia* were tried without result. Then Dr. Dumont gave him hypodermic injections of one centigr. of *Pilocarpin*. Profuse perspiration and salivation set in, followed by almost immediate relief, and in a few days the cure was complete. *Pilocarpin* was originally recommended by Dr. Neale as a remedy for hydrophobia in 1879, since which time many cases have been published where recovery took place during its administration.

Hyoscyamine.—Browne (*Brit. Med. Jour.*, Nov., 1882, p. 1030) gave this alkaloid hypodermically $\frac{1}{30}$ th to $\frac{1}{15}$ th a grain in three cases of furious mania with marked benefit. Simpson (*ibid.*, Dec., 1882, p. 1148) says this drug should be discarded as too dangerous. It never does more than quiet a patient, and does not tend to stop the frequency of the attacks.

Syzygium Jambolanum in Diabetes.—Banatvala (*Lond. Med. Rev.*, Feb. 15th, 1883) saw in India some cases treated with this remedy by a quack. The dose was five grains of the powdered fruit-stones three times a day. Banatvala tried it in three other cases with the following results:—1. It decidedly lessened the daily secretion of urine. 2. The sugar disappeared in every case. 3. The preliminary change was produced in about forty-five hours. The patients can take starchy diet with impunity as long as they are under the influence of the drug.

Chrysophanic Acid in Psoriasis.—Napier (*Glasgow Med. Jour.*, June, 1882) recommends the internal use of this substance in psoriasis, half a grain for a dose. Cautz (*Lancet*, Dec., 1882, p. 935) tried it in three cases with little or no benefit, but it caused severe vomiting and purging, and he thinks that any benefit it has caused in cases of psoriasis must be owing to the constant purging it caused.

White Lead in Erysipelas.—Barwell (*Lancet*, March, 1883, p. 400) gives five cases of erysipelas treated by painting over with white-lead paint. The result is that the temperature quickly falls, the pain is relieved, and in a few days the epidermis desquamates. Neale says that this treatment of erysipelas is twenty-five years old. Superficial burns have, as we know, lately been successfully treated with white paint.

Quinine in Pruritus Ani.—Steele (*Brit. Med. Jour.*, Feb., 1883, p. 245) found that *Sulphate of Quinine*, rubbed up with a sufficiency of lard to hold it together, is a never-failing specific in this affection. Another physician is equally confident on the success of the local application of *Peru balsam*. We have seen the most inveterate cases cured by the local application of *Hamamelis*, in the form of "Pond's extract," together with the internal use of *Petroleum* 3.

Sodium Nitrite in Epilepsy.—Ralfe (*Brit. Med. Jour.*, Dec., 1882, p. 1095) tried it in seventeen cases, three received no benefit, four improved slightly, one was doubtful, nine benefited decidedly. He thinks it may prove useful when bromide of potassium does no good or disagrees.

Glycerine in Unguents.—Vigier (*Gaz. Hebd. de Méd.*) says that drugs incorporated with *Glycerine* are not absorbed at all. This is well to know. We have all seen mercurial ointment, prepared in the usual way, when employed for the destruction of pediculi

cause serious symptoms by absorption. By preparing the metal with glycerine in place of lard we shall be able to destroy the parasites without injuring these parts.

Hot Water in Epistaxis.—The advantage of hot water in the treatment of metrorrhagia is now generally recognised. Auguier (*Gaz. Hebd. de Montpellier*, Nov. 4th, 1882) found it equally efficacious in an obstinate case of epistaxis, which he had tried in vain to stop by means of cold water, plugging the nostrils, mustard plasters, &c.

Oxygenated Water.—P. Bert and Regnard find that the bacteria in cultivated *charbon virus* are killed in an hour by ten volumes of oxygenated water. So we suppose we shall presently see this fluid proposed as the universal remedy for all diseases depending on microbes, which, according to Pasteur and his disciples, will comprehend all diseases, as according to the simple classification of that remarkable man, diseases are divisible into—1. those in which a microbe has been found, and 2, those in which a microbe will be found. How near we must be to the much sought for arcanum of mediæval doctors—the universal medicine. Is it carbolic acid, boracic acid, or oxygenated water? Time will show.

Power of small doses.—A. A. Smith (*New York Med. Jour.*) recommends in urticaria two grains of *Salicylate of Soda* every hour; in spasmodic croup $\frac{1}{10}$ th of a grain of *Atropia* in a goblet of water, a teaspoonful every hour or half hour; in the nervous disturbances and excitements of children, the bromides in one or two grain doses every ten or fifteen minutes. Teaspoonful doses of a solution of *Tartar emetic* one grain in a quart of water, given frequently, will relieve the wheezing and cough of a slight bronchitis in children. In orchitis and epididymitis and also in dysmenorrhœa, two minim doses of tincture of *Pulsatilla* every hour are most efficient. Hæmorrhages from the uterus and hæmorrhoids will generally be stopped by two minims of the tincture of *Hamamelis* every half hour. Dr. Smith seems to have in his library a handbook of homœopathic practice—but he might have told us where he got his therapeutics—to be sure, had he done so, the *London Medical Record* would not have deigned to notice his article.

Nitro-glycerine.—Koreguski (*Wien. Med. Wochensch.*, 1882, p. 6) uses one to six drops of a one per-cent. solution. Two of

three minutes after the drug is given the heart's impulse is increased, the *bruits* are stronger, the pulse 8—16 beats more rapid; at same time arterial tension is lower. These symptoms persist about three quarters of an hour, and then the normal condition is slowly re-established. Two drops of the solution cause violent headache and the face becomes flushed. Six drops cause photophobia, painful throbbing in head, synchronous with pulse, buzzing in ears at end of each inspiration. Administered at the commencement of a fit of asthma it almost always arrests it, and is more successful in asthma with emphysema than without. In angina pectoris if the attacks are not arrested they are greatly moderated by *Nitro-glycerine*.

Cocain.—Morselli and Buccola (*Riv. Sper. di Fren. e di Med. Leg.*, 1882, Fasc. iii) say that it has a mydriatic action on the pupil; raises the temperature slightly; quickens respiration, and renders it more superficial, and increases the frequency of the pulse. After its prolonged use, sleep becomes longer and more profound. They give it in melancholia, even when combined with stupor.

Convallaria majalis.—This well known plant, the common lily of the valley, has been at various times employed in medicine. At one time it was reckoned a good cephalic, useful for fortifying the brain and preventing vertigo. Dried and powdered the flowers were held to be emetic and purgative. Half a drachm of the extract is a violent purge, it was proposed as a succedaneum for scammony. The fruit was said to be a good febrifuge. The powder of the flowers when sniffed up provokes sneezing. The distilled water of the flowers was said to revive the vital forces, hence it was called Eau d'or. This plant has been recently recommended as a cardiac remedy, having an action similar to digitalis. Dr. Bianchi (*Gaz. degli Ospitali*, Jan., 1883) tells us that it is now coming into use in Russia and France in diseases of the heart, nervous and organic.

Convallaria majalis.—Troitzky (*Vratch*, 1881, No. 15, and 1882, Nos. 18, 40, and 41) gives the following sketch of the physiological effects of the aqueous extract of this fashionable remedy:

1. *Heart*.—It stimulates the central inhibitory apparatus. It paralyses the motor centres situated in the heart itself.

2. *Respiration*.—At first there is increase in frequency, due to the irritation of the respiratory centre in the medulla oblongata. Then follows retardation, with a considerable deepening of inspirations, and finally, about a quarter to half a minute after the heart's arrest, a complete stoppage of respiratory movements occurs. This is a result of paralysis of the respiratory centre. The latter becomes paralysed under the influence of venosity of the blood, developing from the heart's failure.

3. *Temperature*.—At first this rises (0.5° to 1° Cent.) then falls very considerably in the axilla and rectum alike. This reduction depends on the fact that *Conval.* paralyses the vaso-motor centres; hence dilatation of all the vessels, and an increased loss of heat from the surface of the body.

4. *Blood-tension*.—In the beginning the arterial pressure is increased. This is due to stimulation of the vaso-motor centres and contraction of the peripheric vessels. When the doses given are large, the blood-pressure falls in consequence of paralysis of the vaso-motor centres.

5. *Gastro-intestinal tract*.—Large doses cause salivation, vomiting, and increase of peristaltic action.

6. *Kidneys*.—The daily amount of urine considerably increased.

7. *Brain*.—In all cases there is observed some amount of somnolence depending on anæmia of the nervous centres, which results from paralysis of the vaso-motor nerves of the abdominal cavity.

8. *Reflexes*.—In the first stage these are lowered, in consequence of the stimulation of Letchenoff's centres; in the second stage the latter are paralysed, and the reflex action, accordingly, is increased.

9. *Muscular system*.—Brought into direct contact with the substance of striated muscles, the extract causes complete loss of contractility (*Lond. Med. Rec.*, April 15th, 1883).

Physiological Action of Cinchonidin and Picrotoxin.—Chirone (quoted in *Lond. Med. Rec.*, May, 1883, from *Giorn. Internaz. delle Sc. Med.*) thus compares the action of these two substances:—1. *Cinchonidin* produces a less complete convulsion, since the motor muscles of the eyes, tongue, and bladder are rarely

affected, whilst these are always involved with *Picrotoxin*. 2. The convulsions caused by *Cinchonidin* is at first clonic, afterwards tonic; whilst with *Picrotoxin* it is at first tonic, afterwards tonic or clonic. 3. By *Cinchonidin* those muscles which are most used in normal life are most affected; while by *Picrotoxin* the muscles of back and neck suffer most. 4. *Cinchonidin* does not cause convulsions in rabbits even in a poisonous dose, while these animals are very susceptible to the action of *Picrotoxin*. 5. *Cinchonidin* has no convulsive action on hibernating animals (frogs, lizards, toads), whilst *Picrotoxin* causes violent convulsions.

Picrotoxin, he says, acts on the medulla oblongata, since it determines epileptic attacks in frogs and pigeons whose brains have been removed, and then the attacks are even more intense. 1. *Picrotoxin* may determine true epileptic attacks. These attacks may be very complete, preceded by the cry. They commence ordinarily with tremors of the head or contractions of the muscles of the face, and are progressively diffused through the whole organism. There is loss of consciousness, the animal falls; there are abundant salivation, tonic and clonic convulsions, loss of urine, convulsive rolling of the eyeballs, convulsion of the tongue, which is often bitten, arrest of the respiration and heart. 2. Convulsions from *Picrotoxin* are independent of the psycho-motor centres, since they are more intense when these are removed. 3. *Picrotoxin* displays its action first on the bulb and on the parts connecting the cerebral and spinal centres, then on the spinal centres; by this last action resembling *Quinine* and differing from *Cinchonidin*. 4. *Picrotoxin* brings into relief a functional antagonism between the psycho-motor centres and the motor centres of the medulla oblongata and spinal cord. 5. *Picrotoxin* can also give rise to convulsions after the medulla oblongata is removed. In this case the convulsion is later and is tonic. 6. The convulsions of the limbs due to *Picrotoxin* depend on the action which is displayed on the medulla oblongata and is propagated by the spinal cord, and, secondly, by the direct action of the spinal centres. 7. In frogs the spinal functions are more developed than the cerebral, and *vice versa*, in dogs and other higher mammals, the cortical motor centres of the brain are more developed than the spinal centres. 8. The convulsions due to *Cinchonidin* are of cerebral origin, and are not observed

when the psycho-motor centres are removed. The convulsions due to *Picrotoxin* are of spinal bulbar origin, and are more intense after the removal of the higher centres.

Poisoning by Gelsemium sempervirens.—A little girl, æt. 14, took by mistake a teaspoonful of the fluid extract. She had immediately giddiness, headache, great prostration, muscular relaxation, convulsions, staggering gait, want of co-ordination throughout the entire system, widely dilated pupils, double vision, paralysis of upper lids and lower jaw, overflow of saliva from the corners of the mouth, congestion of the face, difficulty of speech, marked dysphagia, the heart's sounds were heard as if far distant. A semi-comatose state supervened. The face from congested became pale and death-like, the surface of the body cold, clammy, finally covered with cold sweat. There was a marked fall in the temperature of the body. The pulse, at first quick and bounding, became feeble and thready. Respiration, at first normal, became gasping. The patient lost consciousness altogether. The patient eventually recovered after coffee, whisky, mustard, and artificial respiration (Friedrich, *Med. Press and Circ.*, April 18th, 1883).

Abrus precatorius or *Jequirity*.—This substance, from its ophthalmia-producing power, has been proposed and even used as a substitute for blennorrhœic inoculation in the treatment of granular conjunctiva. It is mentioned by De Wecker in the *Annales d'Occulistique* for July—August, 1882. It was originally used under the name of *Jequirity* by the natives of some parts of Brazil for this purpose. Thirty-two grains of the powdered seeds are allowed to soak for twenty-four hours in 1000 grammes of water. The patient bathes his eyes with the filtered product thrice daily for three days, at the end of which time he has become the subject of a severe conjunctivitis, which may be either purulent or more allied to the diphtheritic form. By the fifteenth day the inflammation ceases and the granulations are found to be much diminished in size, or even destroyed.

In the same periodical for November—December, 1882, De Wecker says:—"Without doubt, *Jequirity* produces a purulent or even diphtheritic conjunctivitis, whose intensity can be readily regulated by the strength of the solution employed and the number of times it is employed. The strength may be like the above, or ten grammes in 500 grammes of cold water. The cornea runs no risk. The ophthalmia thus artificially produced

cures granular lids rapidly. Dr. Moura, Brazil, made experiments with *Jequirity* on rabbits, and found that it could cause inflammation of a dangerous character. An infusion of the seeds in the proportion of one to twenty produced severe diphtheritic conjunctivitis, with destruction of cornea and suppurative panophthalmitis. It seems to resemble the blennorrhagic inoculation, which can be performed without danger and with advantage in eyes affected with granular conjunctivæ, but is apt to be destructive to healthy eyes.

Paralytic Effects of Ergot.—Grasset (*Prog. Méd.*, 83, No. 11) says Charcot prescribed *Ergot* for a man, aged thirty-eight, affected with locomotor ataxy. On the second day after taking a daily dose of fifteen grains he became paralysed in all four extremities. On omitting the medicine he recovered slowly. Tuczek, in an epidemic of ergotism observed that all the cases presented symptoms of a lesion of the posterior columns of the spinal cord, and in some cases the complete picture of locomotor ataxy was developed. In four cases the cords, examined after death, were found to present a symmetrical lesion—the columns of Burdach. So that Charcot's prescription was homœopathic, only his doses were unnecessarily strong.

Copper and Infectious Diseases.—Burq (*Progrès méd.*, No. 17, 1883) says he long ago demonstrated statistically the immunity of workers in copper during cholera attacks. He now contends that these artificers are protected by the metal they work in from other infectious diseases, such as typhoid. In a society composed of three or four hundred copper-workers, which has existed for sixty years, only one member has died of an infectious disease, and that was smallpox. He suggests that these facts indicate an antagonism between salts of copper and the specific micro-organisms of infectious diseases, and he would give copper salts in large doses. Lamé and impotent conclusion! The copper-workers were not protected by large doses of copper salts—nor yet by copper salts at all—but probably by the mere contact of metallic copper with their skin. During the prevalence of the last epidemic of cholera a strong belief prevailed in the prophylactic value of plates of copper or brass worn next the skin, and it is probable that the belief was not without foundation. Indeed, so long ago as 1831, Hahnemann remarked that it had been proved in Hungary that those who wore a plate of

copper next their skin escaped infection, and he recommended a small dose to be taken once a week for prophylactic purposes (*Lesser Writings*, p. 847, note). But whether copper will preserve equally from other infectious diseases remains to be seen, at all events, there is no evidence to prove that large doses of copper salts are useful for this or any other purpose.

Fuchsine in Nephritis.—Paczkowski (*Przegląd Lekarski*, No. 8, 1882) says *Fuchsanilinum Muriaticum* in daily doses of 0.05 to 0.25 gramme for two to five days successively, cures inflammatory process in the kidneys of scarlatinal patients. He also succeeded in curing two cases of chronic Bright's disease by the same drug in doses of 0.2 to 0.25 gramme continued for a few weeks. This is by no means the first time. In this journal (vol. xl, p. 290) we quoted from the *Bull. de la Soc. Hom. de France*, an observation of Partenay's respecting the power of *Fuchsine* in the albuminuria of scarlatina, to which he was led by the ascertained power of that substance to cause albumen in the urine. In 1879 Bouchart, in Nos. 8 and 9 of the *Gaz. des Hôpitaux*, detailed ten cases of albuminuria cured by *Fuchsine*, seven of which came under his own care. The treatment lasted from one to six months, and the dose varied from $1\frac{1}{2}$ to $3\frac{1}{2}$ grains. The diet at the same time consisted chiefly of milk and white meal. Bergeron and Cloquet in 1876, also speak favourably of *Fuchsine* in albuminuria. Sawyer (*Pract.*, xxvii, p. 40) found the albumen disappear from the urine while giving *Fuchsine*. Devet (*Lond. Med. Rec.*, March 15th, 1881, p. 100) published sixteen cases benefited by *Fuchsine*. On the other hand, Bertel ("On the Treatment of Albuminuria by *Fuchsine*," *Thèse de Therap.*, Paris, 1880) gave it in four cases, but the albumen did not commence to disappear until the patient was put on milk diet and the *Fuchsine* left off. Renzi (*Virchow's Archiv*, 1880) thinks favourably of *Fuchsine* in chronic nephritis. Budde (*Ugeskrift for Læger*, Ser. 4, Bd. ii) saw no effects from its use. Bamberger (*Wien. Med. Blät.*, Ap. 7, 1881) saw a decrease in the excretion of albumen in two cases. Dochman (*Vratch*, 1881, No. 11, p. 169) concludes that *Fuchsine* is one of the useful symptomatic remedies in Bright's disease. Möhnfeld (*St. P. med. Woch.*, 1881, No. 24) saw no good effects from this drug in two cases of parenchymatous nephritis.

Action of Sodium Salicylate on the Heart.—Maragliano

(*Centralbl. f. med. Wiss.*, Dec. 2, 1882) made experiments to ascertain if this substance really weakens the heart as maintained by Liebermeister and others. He made a triple series of observations. In the first, patients who were taking the drug regularly were examined sphygmographically before, during, and after the morning and evening dose. In the second the pulse curve of other persons was taken before and after the exhibition of a single five-gramme dose. In the third, the arterial pressure was measured before and after the exhibition of a single five-gramme dose. The result showed: 1. As the dose was gradually increased in patients of the first class, the pulse became progressively stronger and the systolic line of the tracing higher. 2. After the single dose the pulse was stronger and the systolic line higher; the increase appeared one hour after the dose, reached its maximum in two to three hours, and disappeared after three to five hours, the normal dirotism was accentuated and often passed into tricrotism. [This is not very intelligible, tricrotism is normal, not dirotism—probably the author means to say that the so-called dirotic curve was more accentuated and that the so-called tidal curve was more distinct.] 3. The arterial pressure rose about one hour after a single dose and returned to the normal about three hours afterwards. These results indicate unmistakably that no depressing influence is exerted on the heart by the *Salicylate*. [We do not think they do, they only show that the drug has the power of temporarily stimulating the heart, like alcohol and many other stimulants; but as large quantities of alcohol frequently repeated end by weakening the heart, the *Salicylate of Soda* may do the like for aught the author shows to the contrary.]

Case of Bromide Eruption.—Dr. Horrocks showed, at the Pathological Society, a patient (a little girl aged 10) who had suffered from epilepsy for two years. She came under his treatment at the hospital in Queen Square, four months ago, and was put upon *Bromide of Potassium*, taking two doses daily of five-and-twenty grains apiece. A month ago she came to him with dull red, tender swellings on both her shins, very closely resembling erythema nodosum. He ordered her some *Lotio Plumbi* for them. Later on some acne-like spots came out on backs of arms and forearms, but there were none between the shoulders, and it was this fact which had caused him to bring the case before the Society. Dr. Thin remarked

that not long ago he had published an account in the *Lancet* of a woman, aged 24, who had been taking *Bromide of Iron* for some uterine affection, and has a rash upon her legs which some supposed at first to be syphilitic. The child which Dr. Horrocks had brought this evening reminded him very much of his own case. The diagnosis of such cases could generally be arrived at by a process of exclusion, even when there was no history. This commencement of a subcutaneous swelling has been described in several cases of *Iodide* eruption. Dr. Radcliffe Crocker did not think the position of the rash in this case was so very rare; cases had been brought forward both by himself and Dr. Barlow similar to it. He had recently under observation a patient whom he had been treating with *Bromide of Potassium*, and who came one day with soft swellings with pustular apices on the chest and extensor surfaces of the arms and legs. He did not stop the *Bromide* but gave her some *Arsenic*. When he saw her a week later there were large abscesses where the pustules had been.

Santonin Poisoning.—A child, twenty-five months old, never before ill, except colds, got on November 28th, 1874, 6 a.m., two *Santonin* lozenges (each lozenge of the German Pharmacopœia contains, one kind five centigr., the other twenty-five milligr.). Passed the day quite well. No stool. At 4 p.m. suddenly clonic spasms of the side of face, beginning with twitching and distortion of corner of mouth, and then going into left orbital muscles. At first simultaneous restless twitching of both bulbi, the convulsion turning to left; dilatation of both pupils, left more than right. After a few minutes there came on clonic convulsions of left arm, beginning in fingers and going up whole arm. The voice, which at the beginning of the fit was quavering, stopped after ten minutes. After fifteen minutes the second time spasm of the left side of face and arm, but after a little while the convulsions all ceased; there were only fibrillary twitchings at left corner of mouth and left eyelids; the left pupil remains longer dilated than right, there then occurs equally strong contraction of both and then the normal state. At the end of the attack a clysm of vinegar was applied with but little effect. After the fit complete euphoria. At 5.30 p.m. a similar attack for ten minutes. Another vinegar clysm was applied. About 7 p.m. the spasm again began in left side of face and left arm,

and went on increasing in severity. About 7.15 the left leg shares in the convulsions, the voice is quavering and indistinct. Both eyes look persistently towards left with dilated pupils. At 7.30 vinegar clysmas and warm bath. These symptoms increase, the voice is gone. About 8 o'clock slight twitchings of abdominal and thoracic muscles, then the right face becomes convulsed the eyeballs turned towards right; trismus, the respiration threatens to stop; the pulse not slower; heart's action strong. Slight stridor. About 8.15 artificial respiration performed, and kept up to 8.30. Without it the respiration was uncertain, and at long intervals. Spontaneous defæcation followed by vomiting. Then short clonic fits, all of right leg, while the spasm of left leg was slighter. Shortly before 8.45 all symptoms gone.

On the 29th, 8 a.m., the same spasms of left face and head recommenced, and during the day there were three such fits. The next day some weaker fits, but fibrillary twitching of mouth and corners of eyes all day.

On December 1st two fits. Then they ceased, complete euphoria came on. The urine was of intense yellow-green colour (Binz, *Arch. f. exp. Phys.*, vi, 300).

Pseudaconitin or *Nepalin*, the Alkaloid made from *A. ferox*.—**EXPERIMENT 1.**—April 7th, 1873, 9 p.m., A. P—, stud. phil., æt. 18, thin, with delicate skin. The smallest distance of the arms of the compass at which he could feel the points separately between 5 and 7 mm. in both cheeks. The difference of temperature he could perceive on both cheeks between 35° and 39° was 0.5° C. The right cheek was rubbed with an alcoholic solution of *Aconitine* (gr. ij to 3j).

8th, 9.30 a.m.—Says that soon after the rubbing in there occurred burning and prickling, which still exists, but less intensely. Felt the same burning in increased intensity in right eye, which he attributes to having touched the eye with the hand he applied to the cheek that had been rubbed with *Acon*. The upper lid of right eye somewhat swollen, conjunctival vessels injected. Pupils equal. The left cheek can feel the compass points at 7 mm.; the right at not less than 15 mm. The difference of temperature is felt on left cheek at 0.5°, on the right at 1.4° C. The vessel brought to both cheeks, is felt warmer by the left.

9th, 8 p.m.—The prickling and burning gone, and has left a

numb feeling. Conjunctiva normal. Smallest distance of compass points, right 13 mm., left 6 mm. Smallest difference of temperature on right cheek 1.1° C.

EXPERIMENT 2.—April 4th, 10 p.m.—C. H—, stud. med., of robust frame. His right cheek was rubbed with the above solution of *Aconitin*.

11th, 8 p.m.—The prickling and burning that came on immediately after the rubbing continues. A variation of temperature of 2.7° C. felt well on left cheek, not at all on right cheek. Smallest distance of separate sensation of compass points, left 8 mm., right 18 mm.

13th, 9 p.m.—Still feels some slight prickling in right cheek. A cold metal object feels less cold to right than to left cheek. Smallest distance of separate sensation of compass points right 20 mm., left 9 mm. Smallest perceptible variation of temperature right 2.8° C., left 0.9° C. A warm vessel felt warmer to left than to right cheek.

15th, 2 p.m.—Prickling and burning quite gone. Smallest distance of separate sensation of compass points, right 16 mm., left 9 mm. A difference of temperature amounting to 2.4° C. felt accurately on left, not on right cheek.

EXPERIMENT 3.—April 5th, 10 a.m.—L. v. W—, stud. med., æt. 21, robust. Smallest distance of separate sensation of compass points on both cheeks 11 mm. Both cheeks felt a variation of temperature to 0.9° C. Right cheek rubbed with *Acon. sol.*, left with a solution of Merck's *Aconitin* of similar concentration.

6th, 9 a.m.—The subjective phenomenon of right cheek the same as in former experiments. No effect observed on left cheek. Smallest distance of compass points felt separately, right 18 mm., left 10 mm. The difference of temperature of 2.3° C. felt well on the left, not at all on right cheek.

The tactile faculty and temperature feeling were found to be the same as above in the evening.

A case of neuralgia supraorbitalis in a man, æt. 50, which had lasted several years, was cured by applying the above solution of *Pseudoaconitin* to the painful part (Böhm, *Arch. f. exp. Phys.*, i, 395).

Arsenite of Potash.—A man, æt. 54, affected for some time with an intermittent fever, took on the 16th of last May (1843)

a secret remedy which, it was said, would certainly cure the febrile attacks; it was the notorious Maurin who had sent into that village a dépôt of his remedy contained in packets with the labels bearing: from such an age to such an age, &c.

The patient, to conform to the prescription of the author, took the packet with the label "from thirty to forty-eight years," and followed point by point the instructions, which were to take half in the morning fasting, and, if that dose caused vomiting, to take warm water to facilitate the vomiting. The other half was to be taken two hours after the first. The unfortunate man after having swallowed the half of the dose of the remedy at six a.m., was seized immediately with vomiting and diarrhoea; some hours later he suffered much from pains in the stomach, and it was impossible for him to bear the least pressure in that region. A doctor who was called was surprised, frightened even at the face of the patient, which looked pale, the features drawn, the eyes shrunk into the orbits, in short, the Hippocratic countenance. The pulse was small and thready (*serré*), the tongue very red, cramps in the legs, abundant vomitings and stools. The patient died in the night after suffering the most cruel tortures, and having taken only the half of the dose of the secret remedy. The dose for persons from thirty to forty-eight was found to contain thirty-five centigrammes of *Arsenite of Potash* to thirty-two grammes of water. Maurin was condemned to five months imprisonment, and fined 50 francs (*Bull. de Therap.*, xxvii).

Cantharides.—A woman, æt. 26, affected with bronchitis for which the application of a blister had been judged necessary, received from a chemist one gramme, thirty centigrammes of powder of *Cantharides* destined for the preparation of the blister, and at the same time ten centigrammes of *Kermès* (antimonial). The woman mistook the powders and swallowed some spoonfuls of the former in a gummy liquid three hours before her husband, alarmed, went for M. Keusmerer. The latter found her seated, laughing at the fright of her husband, complaining of no pain except a slight roughness in the throat, and a certain feeling of illness which she could not define. He prescribed quickly five centigrammes of *Tartrate of Antimony* in a kilogramme of water, injections of marshmallows, and a large, prolonged tepid bath. The patient must have taken seventy to seventy-two centigrammes of the *Cantharides* powder. The bath

could not be taken. The doctor prescribed, two hours after, a gummy potion with sixty centigrammes of *Camphor* and fifteen grammes of the *Syrup of Dracodium*, frictions with *Spirits of Camphor* over the thighs and the belly, emollient fomentations over the abdomen, and a gummous tisane. In spite (?) of the employment of these means grave symptoms followed. Horrible sensation of heat in the pelvis, constant desire to urinate followed by the emission of some drops of urine, pulse compressed, frequent; heat of skin sensibly diminished, loud cries at intervals; stiffening of the limbs as in tetanus. Intelligence free. Later, face pinched, speech almost extinguished, pulse thready, skin cold, constant desire to urinate, roughness of the throat; no pain in the stomach or intestines. It seems to the patient that the bladder is on fire, and that it is molten lead that passes by the urethra. No symptoms of venereal excitation. Intelligence free. Enema with seventy-five centigrammes of *Camphor*, and mustard plasters applied over the surface of the body. The symptoms calmed little by little, and the patient only complained of a little weakness without any pain in the region of the bladder or intestines. (*Bull. de Therap.* xxvii, 143).

A Disease from Reeds.—"A curious affection has been occasionally met with in certain parts of France, especially in Provence, among reed-workers, chiefly those who manipulate the stems of *Arundo donax*. A case at Frontignan (Hérault) has lately been very carefully studied by Mr. Baltus, of Lille. A man, aged 47, and his son, 17, had been at work several hours loading a cart with reeds, which had been cut a year before, and keep in a damp trench. Both were seized with painful irritation of the nose, eyes, and throat, followed by erythematous swelling of the same parts, which extended to the hands, trunk, and genital organs. A number of acuminated pustules occurred in the red swollen areas, the conjunctivæ were injected, the eyes streaming, and there was a slight cough. The next day four other persons—three adults and a child—who had come in contact with the reeds deposited at the farm, presented the same symptoms though in slighter degree. Moreover, four cats and three dogs which had frequented the same reeds presented painful crusts about the nostrils. In every case the disease ran a mild course, and disappeared in a few days, under the influence of wet compresses. An examination of the reeds showed that

they were covered with a mould consisting of the spores and mycelium of a fungus, *Sporotrichum dermatodes*, which had developed under the prolonged exposure to moisture. The spores had been shaken off as dust during the manipulation of the reeds, and had irritated the exposed parts of the skin on which they had lodged. Although trifling the malady may sometimes assume a severe form, lasting nearly a fortnight, and has been known to cause the death of an old man, 71 years of age. It may apparently be prevented by the simple expedient of washing the reeds before their manipulation." (*Lancet*, January 27th, 1883).

Value of Experiments on Animals.—In *Arch. f. exp. Phys.*, ii, p. 62, Schmeiberg has a paper on the different results obtained from *Caffein* on *rana temporaria* and *rana esculenta*.

Rana temporaria.

5.22 p.m.—Injection of 20 mgr. *Caff.* in stomach.

5.45.—Frog rather stiff, when laid on back can only right himself with great difficulty. Reflex irritability rather diminished than increased. On pricking a little he starts scarcely or not at all.

5.48—Cannot right himself when laid on back. Can hop with great difficulty and with widely separated legs. Reflex irritability greatly diminished.

6.—When simply touched he does not move; when more strongly irritated he tries to hop, and the stretched-out legs are only gradually bent. Dorsal muscles very stiff.

Next day, forenoon.—Back quite stiff, bent strongly forwards; posterior extremities more mobile than yesterday.

Rana esculenta.

5.20 p.m.—The same.

5.45.—No trace of stiffness of muscles. Laid on his back he rights himself without effort. Reflex irritability greatly increased, so that when the table is pushed he jerks together and hops about, but does not fall with tetanus.

5.52.—Has a tetanic fit.

6.—At every touch, later also when table is pushed there is a short tetanic fit. No muscular stiffness.

No stiffness of muscles observable. At each touch a single tetanic fit.

Reflex irritability above normal so that when table is knocked a weak twitching occurs especially in posterior extremities, which are stretched out when touched more strongly.

Afternoon.—Muscular stiffness increased. The forelegs in consequence of the strong contractions of the pectoralis muscles are crossed. The bending of the body forwards has also become greater. The reflex irritability not increased.

Next day, forenoon.—The flexure of the spine and the contraction of the postæal muscles increased. The reflex irritability is rather weaker.

This variation in the effects of *Caff.* on these two animals is always observed, at all seasons and in the same manner.

Poisoning by Citrate of Caffeine (Dr. Chas Routh, *Lancet*, April 21st, 1883). Man, æt. 63, weakly, sober, of cheerful disposition, no organic disease, took on February 20th, in mistake for granular effervescent *Citrate of Caffeine* (Bishop's), a whole drachm of the ordinary citrate, pure and simple. Symptoms followed immediately.

"Burning in the throat and gullet, followed by giddiness, faintness, nausea, numbness, and tremors of extremities; pain and tenderness of bowels and stomach; great thirst; dry tongue. At 4.45 he was violently sick, with vomiting of digested matter and also violent purging. Much urine was also passed. This sickness and vomiting recurred at 5.45. On leaving the closet he could hardly walk and had to be assisted. These vomited matters consisted also of digested matters. . . . At 6 p.m. he was collapsed; pulse hardly perceptible, irregular, 120; skin cold and clammy, but all his senses perfectly intact, not even headache; sensibility of skin nowhere impaired, a symptom not presented throughout."

Perceptible stiffness of pectoral muscles, so that the forefeet are close to one another. No flexure of trunk. Almost constant tetanus. In the intervals the posterior extremities remain stretched out, the slightest touch of these causes a repetition of the convulsion.

The contraction of the pectoral muscles has become greater. Tetanus as yesterday.

Thus far we have the pure effects of the drug. *Ipecacuanha wine* was now administered, then a tumbler of luke-warm water, then *Animal Charcoal* and *Nitrite of Amyl*. He vomited largely. The following effects are, obviously, not to be regarded as pure:

"7.30.—Condition as before; hands and feet icy cold; muscular tremor in hands and feet; cardiac oppression; sense of impending death. Pupils equally dilated, indeed, rather contracted. Some lumbar pain and tenderness, some aching about the masseter muscles."

He was now ordered sinapism to heart: feet to be put in hot water; *Ammonia*, *Alcohol*, and *Nitro-glycerine*.

"10 p.m.—Debility and depression of spirits as before; pulse rather firmer; hands and feet warm; lumbar pain worse; no urine passed. Taking greasy mutton broth at frequent intervals, and half an ounce of brandy every four hours. Throat free very sore, and has a burning sensation down the œsophagus. Organs of sense have been throughout unaffected, and the head is free from pain. To continue one drop of *Nitro-glycerine* every two hours. The patient continued to improve till 1.30 a.m."

Later on in the morning he was seen again, and the *Nitro-glycerine* had by that time asserted itself.

"He complained still of feeling very ill, but he was certainly not so weak; his pulse was stronger, but the top of his head was very painful; had vomited freely. The right orbital region was also very painful. *Nitro-glycerine* was continued; no sickness; took milk and soda-water freely. Cold to head to relieve pain. As he complained of a burning sensation in the mouth, I ordered ice, but this producing intense abdominal pain it was stopped. The diluent drinks with raw-beef juice were taken freely. Later the headache increased and the pains in the back, both of which were relieved by mustard poultices. Later I substituted *Digitalis*" (the proper homœopathic antidote), "I gave up the *Nitro-glycerine*. From this time he improved. The prostration gave way, and he complained mainly of the back."

February 24th, pulse 80, not over-strong; urine 1025 sp. gr., no albumen, doubtfully a trace of sugar. Lumbar pain relieved by pressure, very muscular; no headache. Food mainly bread and bread-and-milk, with brandy and soda-water.

We have here a valuable proving of the *Citrate of Caffeine*. The analogy between the action of this drug and that of *Digitalis*

is sufficiently apparent; and the speedy improvement in the patient's condition after the administration of *Digitalis* is noteworthy. The symptoms recorded after the administration of the various drugs given by way of antidotes must, of course, be received with caution. The action of the *Nitro-glycerine* on the head can hardly be mistaken. The strength of the preparation given is not mentioned.

Acute Phosphorus Poisoning (Dyer, *Lancet*, June 16th, 1883).

A. F—, a healthy, well-nourished girl, æt. 18, admitted to hospital (Middlesex) 15th April at 3 p.m. Said had taken on 14th two penny bottles of phosphorus paste. She had previously had chorea; father died in a lunatic asylum, two cousins had committed suicide.

State on Admission.—Temp. 101°, pulse 68, weak and compressible, but regular. Is well nourished and muscular. Complaints of great pain over epigastric region, vomiting (the matter vomited first was luminous in dark), and great prostration. Skin harsh and dry, slightly jaundiced, conjunctivæ distinctly jaundiced; no extravasation below skin. Percussion notes and heart sounds everywhere normal. Cardiac dulness normal, sounds at base and apex clear but feebly heard. Hepatic dulness slightly increased, extending downwards just below costal margin, edge cannot be felt. Spleen normal. Bowels open normally; no diarrhœa, no blood with motions. Tongue thickly coated with white fur, dry.

April 17th.—Temp. 98·6°; pulse 80, regular, but feeble. Urine contains no albumen, but is bile stained. Pain over epigastrium continues. Evening temp. 100·2°.

18th.—Temp. 99·4°, pulse 56. Conjunctivæ and skin more jaundiced. Evening temp. 101·6°.

19th.—Temp. 99·2°. Bowels open twice, no blood with stools. Pulse 116, very feeble, easily compressible. Cardiac sounds very feebly heard. Evening temp. 102·2°.

20th.—Temp. 101·4°. Heart's action and breathing very rapid. Radial pulse scarcely perceptible. Diarrhœa with bloody stools has set in. Is very drowsy. Twitching of several muscles set in. She lay comatose for two hours, when she died.

Post mortem.—Body well nourished and well developed. Muscles pale and granular looking. Rigidity present. Peritoneal cavity normal. Intestines distended. Numerous small hæmorrhages seen in the intermuscular planes. On removing the

parietes of the thorax a few ecchymoses were visible on the anterior surface of lungs, but on turning forward lungs and exposing the posterior surfaces of the visceral pleura, it was seen to be almost covered with fine ecchymoses (not pleural), and in the pericardium and endocardium similar changes were found. Right lung weighed $16\frac{1}{2}$ ounces, left $13\frac{1}{2}$ ounces. Liver smooth, swollen, of bright yellow colour, had undergone extensive fatty degeneration, weighed $68\frac{1}{2}$ ounces. Muscular tissue of heart pale and granular; no fatty striæ; valves normal and competent; heart weighed 10 ounces. Spleen weighed $6\frac{1}{2}$ ounces, was congested and hard. Kidneys swollen, their surfaces smooth and pale, cortex marked with fatty striæ, pyramids of pinkish tint. Right kidney weighed $5\frac{1}{2}$ ounces, left 6 ounces. Stomach dilated, containing $1\frac{1}{4}$ pint of clotted, grumous-looking, brown fluid; mucous membrane pale and swollen, a few small ecchymoses. Intestines contained a quantity of mucus, not otherwise altered. Brain pale and wet, not otherwise changed.

Poisoning by Laburnum (Biggs, *Brit. Med. Journ.*, June 9th, 1883).—A boy, æt. 4, had eaten some flowers and was very ill. Quantity eaten not known. Came into house and said he could not walk, had become cold and seemed drowsy, and had been slightly sick. When seen at 2 p.m. was lying quietly in bed with dilated pupils, which, however, contracted under stimulus of bright light. Was very pale (usually bright colour); surface cold, some matter vomited showed particles of laburnum flowers. Very drowsy; pulse 104, small; temp. 95° . Thirty minutes later in much the same state. There had been more copious vomiting, and much vegetable matter ejected. Still very drowsy; pulse 130; temp. as before. An hour later temp. 93.6° . This condition lasted till 5.30 p.m.; a slight vomiting; slept well. Then he seemed to recover. The pupils became almost normal, temperature rising to normal. Seemed quite recovered.

Convallaria majalis.—Juk (*Proceedings of Kieff Med. Soc.*, 1862, Fasc. 1) says:—1. It is useful in nervous disturbances of the heart's action. 2. It does not give any constant and positive results in cases of heart disease with disturbed compensation. 3. It does not increase the amount of urine [almost all the observers say it does; in the only case in which we have seen it used in full doses it exercised a very decided diuretic action]. 4. The heart's action becomes slower and more regular soon

after the administration of a dose. 5. It does not possess any cumulative action nor does it interfere with digestion.

Chromic Acid in Ulcers of the Tongue.—Mr. Henry T. Butlin (*Practitioner*, March, 1883) has a paper on the use of *Chromic acid* in solution as a topical application to ulcerated tongues. To homœopathsists this will not be surprising. The solution used was ten grains to the ounce of water, the patient being told to paint the ulcerated parts three or four times a day. This was sometimes followed by a little smarting, but the relief afforded made the patient bear this cheerfully. Mr. Butlin discovered this "almost by chance." He took the idea from Sir James Paget's recommendation of the use of a saturate solution of the acid in gouty psoriasis of the tongue. The first cases he tried it on were two men suffering from chronic superficial glossitis, due to excessive drinking and smoking, combined with syphilis. These were rapidly improved and practically cured, after long previous treatment with tannic acid and glycerine.

Another patient (J. B—), "suffering from secondary syphilitic ulcers of the borders of the tongue, small but deep and jagged, and from ulceration of the cheek," after much vain dosing with *Hyd. c. Cret.*, *Pot. Iod.*, and *Liq. Hyd. Bichlor.*, was almost completely cured in a week by the *Chromic acid* solution.

Another man (T. L—), who had a number of flat mucous tubercles from secondary syphilis, for which he had taken *Hyd. c. Cret.* gr. iij, from June till October, dusting his tongue with calomel the while, without the slightest benefit, was rapidly cured by the application of *Chromic acid*. In a week his tongue was almost well, and in from two to three weeks "scarcely any trace of the tubercles remained."

Mr. Butlin thinks it unsuited for tertiary syphilitic conditions, but gives one case which it cured in less than a month after the usual mercurial treatment had been tried in vain. The primary attack of syphilis had occurred ten years previously. The condition presented by the tongue was "small, ragged, and deep syphilitic ulcerations of the tip and borders," which it was feared might turn into epithelioma.

Nitrite of Sodium in Angina Pectoris.—Dr. Matthew Hay (*Practitioner*, March, 1883) contributes a paper on *Nitrite of Sodium*, and especially its use in angina pectoris, as compared with *Nitrite of Amyl* and *Nitro-glycerine*. The following

proving of the salt is of interest:—"On three separate occasions I took five, ten, and twenty grains of the salt. I then observed that the rate of my pulse became accelerated shortly after taking each dose, and more distinctly after the largest dose. But what was more remarkable, I experienced, within a few minutes after taking the two larger doses, a feeling of fulness in my head and eyes, accompanied by a throbbing sensation. There was also a slight, almost doubtful, flushing of the countenance. The sense of fulness and throbbing continued for an hour or more after the administration of the salt, without at any time being so intense as to be unbearable, or even severe enough to prevent me from proceeding with my usual duties. Indeed, it was comparatively trifling and caused me no inconvenience. The smallest dose of the salt produced a similar effect, but of very short duration and very slight degree, so slight as almost to have escaped observation. These experiments were repeated on myself and a few of my friends, and always with the same result."

Drs. Reichert and Weir Mitchell, and Mr. Hinsdale, a student in the University of Pennsylvania, experimented with *Nitrite of Potassium*. They took the salt in doses varying from three to ten grains, and on one occasion Mr. Hinsdale took thirty-five grains in the course of six hours.

"In no instance were alarming effects experienced. The pulse was always considerably increased in rapidity, the effect beginning to be observable in from one to two minutes after taking the *Nitrite*, and continuing from one to three or four hours. After a few minutes a slight flushing of the face was sometimes perceived, accompanied by a gentle feeling of warmth in this and other parts of the body, and by a slight fulness of the head, along with some throbbing of the cranial arteries, especially if the dose exceeded five grains."

The authors concluded that *Nitrite of Potassium* is nearly identical in action with *Nitrite of Amyl*. The following note by Dr. Hay will give a good idea of the crude notions of drug action entertained by the dominant school:—"It is unfortunate that they employed in their experiment the *potassium* and not the *sodium* combination, for the *sodium* is *per se* practically inactive, whilst the *potassium* acts powerfully on all muscular structures, &c;" and the same is shown by this—to us—amazing statement:—"Moreover, it appeared highly remarkable that two

salts, as *Nitrite of Amyl* and *Nitro-glycerine*, whose bases differ so widely in their pharmacological activity, *should so exactly agree in their physiological action and therapeutic application, &c.*" This comes of studying the action of drugs in poisonous doses on animals, and taking the coarse results thus obtained as the complete and final explanation, instead of studying the finer and only characteristic features of their action as to be observed on man.

Dr. Hay rejects Reichert and Mitchell's statement that *Nitrite of Potassium* and *Nitrite of Amyl* are identical in action, he sums up as follows:—"Yet the effect upon which the therapeutical value of *Nitrite of Amyl* is 'supposed' to depend—the dilatation of the smaller arteries and lowering of the blood-tension—follows the administration of either salt, and in this important respect, therefore, the two salts agree in action." This "supposition" Dr. George Balfour has proved to be an error in his work on *Diseases of the Heart*. He has there shown that of two specimens of *Nitrite of Amyl*, both of which will dilate the arterioles, only one—freshly prepared or specially preserved—will relieve the paroxysm of angina; and, on the other hand, that in certain cases of heart disease angina only came on when the blood-pressure fell. The relief afforded by the *Nitrite of Amyl* was not by its dilating power. The patient Dr. Hay treated was a man of forty-two. The pain complained of began in the middle of the front of the chest and extended over a space the size of the hand. It gradually extends till felt between the shoulder-blades, passing down both arms to finger-tips, and especially severe in right wrist. He had an uneasy sensation in the chest for two or three minutes before it appeared. The pain lasted generally fifteen minutes, sometimes five or ten only, and was quite excruciating. Just before the pain began to abate he felt a throbbing between the shoulders at the back of the chest, no sense of suffocation, no sickness, no giddiness. *Nitrite of Amyl* in capsules, about five a day, lessens the severity of the attacks and largely wards them off. His diet was regulated and stimulants forbidden. The inhalation dulled, but did not entirely dispel the pain, and it caused giddiness and headache. He was afterwards put on the following, the analogy in physiological action having suggested it to Dr. Hay:

R. Sodii nitritis, $\frac{3}{4}$;
Aquam ad fl. $\frac{3}{4}$ xij. Solve.
Sig. Dose one to two teaspoonfuls.

This proved much more effective than the *Nitrite of Amyl*, one dose in the morning often sufficing to keep off an attack all day, and when an attack supervened to remove it entirely, and not deaden the pain merely. The good effect was produced without any physiological action being obtained—this to Dr. Hay's astonishment. It required, however, a teaspoonful of the solution (about two grains of the salt) to produce the effect and ward off an attack, neither ten, twenty, nor thirty drops of the solution being sufficient. Less of the pure salt might have sufficed, Dr. Hay thinks, as the specimen supplied him by one of the first chemists contained 66 per cent of *Nitrate of Sodium*, 33 only being *Nitrite*. *Nitrite of Amyl* acted more quickly in an attack, but did not shorten it, only dulled the pain. *Nitrite of Sodium*, when once its action asserts itself, in from two to three minutes relieved the pain completely. The duration of the preventive action was also much longer—by several hours—than that of the former. *Nitro-glycerine* was given on one occasion in the following prescription :

R. Sol. nitro-glycerini (1 %), fl. 3j ;
Aquam ad fl. 3vj. M.
Sig. Dose one to two teaspoonfuls.

This acted quite well in preventing or relieving the spasms of pain, but was always followed by distinct throbbing in the head accompanied by some degree of pain and giddiness. The preventive action was longer than that of *Nitrite of Amyl*, but hardly so long as that of *Nitrite of Sodium*.

We content ourselves with placing these observations before our readers, and offer no comments as to what the nature of the action was.

Poisoning by Enanthe crocata.—A Greek, æt. 30, admitted to South Devon Hospital January 13th, 1881, unconscious. Previous day had taken a quantity of what he thought was wild celery, but which was the above plant. He ate part of root and some of stem. Two hours afterwards ate a full meal and felt quite well. In fifteen minutes suddenly vomited violently. In five minutes was unconscious, with twitchings about limbs and face. Copious flow of thick tenacious mucus from mouth. Coma for twelve

hours. Twenty-four hours after poisoning was admitted to hospital, semi-conscious. Entered ward supported on each side and dragging legs after him. Placed on a chair he went to sleep, head on left shoulder, arms hanging by side. Extremities cold, general free sweating. Could be roused with difficulty when he muttered something unintelligible. No spasm. Pupils dilated and sluggish, resp. 14, not full. Twelve hours after admission skin warm, freely sweating; temperature normal. Continuous sleep; could be easily roused. Drank greedily. Tongue dry and coated. Next day quite conscious; great thirst; swimming in head. Urine sp. gr. 1030, scanty, albuminous. Pulse throughout 80, good. Next day well; urine free from albumen (Carter, *Lancet*, February 18th, 1882, p. 271).

Poisoning by Aconite.—On 18th July, 1876, about 10.45 p.m., a lady, æt. 24, having a pain in her back, went to a cupboard for lumbago drops, but took by mistake thirty drops of *Tinct. of Aconite* (B. P.) and went to bed. In ten minutes tingling in hands and fingers, which felt drawn up, then same sensations in lips, tongue, and cheeks, which also felt drawn up, accompanied by numbness. Soon tingling and numbness in feet and legs. An hour after taking drug felt queer all over, and as if bed-clothes were a dreadful weight, and felt chilled all over, but breathed all right. Felt as if losing senses at times, at others was quite clear. Did not perspire. Gradually was so uncomfortable she got up, but immediately felt inclined to lie down on floor. Feeling starved, wanted to get by kitchen fire. Arrived at bottom of stairs fell down insensible. When found very soon afterwards was icy cold, no circulation perceptible (to her sister). Head was thrown back, muscles of neck strongly contracted. Hands and arms fixed in front of chest, face deadly pale, lips blue, dark under eyes, lids half open, eyeballs twitched. This lasted ten minutes, when she recovered and was quite restored. Was laid down on floor and became again unconscious, just as before. Recovered in a few minutes; an emetic of salt and water given caused free vomiting. When seen at 1 a.m. was deadly pale, not cold; pulse very quick and irregular, and very intermittent; respiration unaffected; quite conscious. Pupils rather large, not dilated. Complained of extreme weakness and of tingling and numbness of hands, feet, legs, tongue, face, lips. Seemed almost moribund. Pulse sometimes imperceptible.

After another emetic got animal charcoal and brandy. In an hour distinct amendment. Went to sleep on floor at 3.30 a.m., pulse still being irregular and intermittent. In morning was quite well except a little tingling and weakness. (Hardman, *Lancet*, January 7th, 1882, p. 37.)

Physiological Effects of Santonine.—Dr. Eubulus Williams sends the following statement by a patient:—Doctor ordered five drops ϕ . On inquiring for this the chemist said there was no ϕ in solution. That which was ϕ in other things was in this a crystallised powder, and he asked if I would have that. The reply was “No,” as it was not what was ordered. On his saying there was nothing else in that strength, I said it was the doctor who ordered it, and he said again there was no such thing, and he asked me again if I would have that. After some consideration, I said I suppose I had better. While he was putting it up he asked if it were for worms, and the reply being in the affirmative, he said “Then I suppose it’s all right.”

Nothing further was said, and there was no mark that it was of a poisonous character.

The order having been to take five drops ϕ , and knowing that two drops were equivalent to about the size of a pea in trituration, I took of this nearly half a teaspoonful, and afterwards thinking I might not have taken *enough*, took some more about the size of a pea. This was about 4.30. Shortly afterwards I walked home about a mile, and soon after getting home observed that the fire seemed burning a curious red colour, and that the light outside appeared of a peculiar yellow colour. I had tea and afterwards felt squeamish, and took two pilules of *Bryonia*; feeling no better, took two more, which gave relief. Went to attend a meeting at 7 o’clock, about a quarter of a mile off; observed on going out the yellow character of the light, and that there were no clouds to cause it. Curious colours appeared on some people’s clothes; and after walking a short distance felt inclination to faint, and turned round to return home, but thinking it would pass went on to the meeting. Trembled a good deal, and everything seemed so unreal, that after about a quarter of an hour went out, and had difficulty to keep on my feet. The colours now in some people’s dresses were most vivid and seemed to shoot up perpendicularly, and I had to quicken my pace to pass them. Bit my tongue, which seemed

stiff and inactive, bit my lips and fingers to keep consciousness, and reached home. I immediately pulled off my boots, for my feet and legs were dead cold, and took some brandy and water, and put my feet close to fire, and rang for hot water. Breathing was very light and at long intervals, and there was no desire to respire, but did so more as a duty. Took some hot brandy and water, and some more again, and remembered the *Santonine*, and decided to send for or go to the doctor. I decided on the latter, intending to cab it, but walked the whole way, about a mile, and by that time was better. Doctor not being at home, decided to see some one else if not better. Returned home, felt better; feet and legs were now burning hot. Went to bed about eleven, up to which time the gas and the globe round it seemed to be of a decided yellow colour, and it was some hours after retiring until felt comfortable.

If this was a narrow escape it is only one of a large number.

MISCELLANEOUS.

The Revision of the Materia Medica. By Dr. HUGHES.*

At a meeting of the British Homœopathic Society, held March 2nd, 1882, the following resolutions were unanimously adopted :

"1. That, in view of the considerations as to the state of our *Materia Medica*, lately adduced by Drs. Yeldham and Black in this country, and Dr. J. P. Dake in America, the British Homœopathic Society feels that the time has come for its reconstruction, and is prepared to undertake the task.

"2. That, for this purpose, a Committee of seven of its members, including the President and Secretary, be appointed.

"3. That this Committee be instructed to take for the basis of its work the *Encyclopædia* of Dr. Allen, in the light of the criticisms upon it made by its editor in the *North American*, and by Dr. Hughes in the *British Journal of Homœopathy*.

"4. That the translation of Hahnemann's *Materia Medica Pura*, recently issued with the aid of the Society, be regarded as the first instalment of its work ; and that the symptoms furnished thereto by Hahnemann and his fellow-provers be not again presented under the medicines to which they belong.

"5. That the aim of the Committee shall be to expunge all untrustworthy and irrelevant matter, and to present what remains in the most accurate, concise, and intelligible form—all repetitions being avoided, and all provings being given, where possible, in consecutive order, as related by the experimenters."

The Committee appointed in pursuance of these resolutions was desired to furnish specimen medicines for consideration by

* The following paper was contributed to the *North American Journal of Homœopathy* for February. It is thought that its perusal may interest readers on this side of the water also.

the Society. *Aloes* and *Aconitine* have been presented and discussed (the latter appearing as an appendix to the October number of the *British Journal of Homœopathy*); and the Committee are now at work on the acids employed in our practice. These, when completed, will be printed in the February number of the *Annals* of the Society, a special copy of which will be sent to every editor of a journal and every teacher of *Materia Medica* throughout the homœopathic world, with a view of eliciting their opinions on the plan adopted.

I have thought that a few words in the leading organ of our system in the United States might conduce to a better understanding of our aims and methods; and have therefore asked the favour of the insertion of the following remarks.

In the preface to his *Reine Arzneimittellehre*, Hahnemann defines what the *Materia Medica* of Homœopathy must be: "If a work on *Materia Medica* can reveal the precise qualities of medicines, it must be one from which all mere assumption and empty speculation about the reputed qualities of drugs are excluded, and which *only records what medicines express concerning their true mode of action in the symptoms they produce in the human body*" (Dudgeon's *Transl.* I, 3). Whatever remarks, therefore, such a work may contain in prefaces and notes—remarks historical, critical, interpretative, applicatory, its body must consist of a series of pathogeneses. Strictly speaking, nothing else is needed; for, given the effects of a substance in health, we have only to apply them to disease on the principle *similia similibus*, to elicit its medicinal powers.

The great aim of Hahnemann and his school has accordingly been to ascertain and exhibit the pathogenetic effects of drugs. The object is beyond all criticism, and the labour and suffering incurred have been above all praise; and had it not been for two unfortunate circumstances, the task performed would long ago have compelled the admiration of the profession, and might have made homœopathic practice in some measure universal. The features which have ruined it as regards general acceptance, and continue to keep it the property of a small minority alone, are, 1st, the untrustworthiness of much of its material; and, 2nd, the unintelligible manner of its presentation.

1. With the symptoms which Hahnemann and the fellow-provers he gathered around him while at Leipsic have con-

tributed to the first two editions of his *Materia Medica Pura*, no candid critic can find fault. The precautions taken, as related in his preface and elsewhere, to secure healthy subjects, freedom from extraneous disturbance, good faith and accurate observation, leave nothing to be desired. That the minute deviations from ideal health incident to every one at all times should be mixed up with true medicinal effects, is almost inseparable from provings on the human subject, and scarcely detracts from their value. Hahnemann, at all events, did his best to eliminate them; and his work is pure gold, with only such alloy as the necessities of human currency compel.

Already, however, one element in the six volumes of the *Reine Arzneimittellehre* must have a different verdict passed upon it. The symptoms cited from authors (some 4000 in all, or about 12 per cent. of the whole) are of very various quality. So far as they are observations of poisoning, they are mostly valid. But very many of them are phenomena occurring in sick persons taking the drugs, and referred by Hahnemann (not by the physicians administering them) to the remedy rather than the malady. When these symptoms have been examined in their original records, they have nearly always had to be rejected—the evidence for their being medicinal being quite insufficient. To these (and to their later congeners) belong pretty well all the strange and incredible effects ascribed to certain drugs—the “green stools” of *Belladonna*, the “rage” and “tenacious leucorrhœa” of *Aconite*, the “purulent expectoration” of *Conium*, the “hernia” of *Antimonium crudum*, the “dropsy,” “jaundice,” “phthisis” of *China*, the “gonorrhœa” of *Chelidonium*, &c. Now when Hahnemann retired from Leipsic to Coethen, he had no source but observations on patients taking his medicines on which he could draw for pathogenetic purposes. All symptoms warranted by him at this epoch—his additions to the later issues of the first two volumes of the *Reine Arzneimittellehre* (1830-3), and his copious contributions to the *Chronischen Krankheiten* (1st ed., 1828-30; 2nd ed., 1835-9)—are of this nature. Of the discrimination he exercised in separating between medicinal and morbid phenomena, we may judge from what we have seen him do with the observations of others; and it must be remembered that all his remedies were now given in infinitesimal doses. The example he set was also followed by some of his later

disciples, among whom Wahle and Hering may be named as prominent.

Patients, moreover, afforded another opportunity for supplying the *Materia Medica* with symptoms. Aggravations of their existing troubles occurred from time to time during treatment; and the exaggerated notions which Hahnemann entertained of the power of drugs, especially when highly attenuated, led him to set these down as, in most instances, the effect of the medicine they were taking.* Here, too, he has not wanted imitators. But by these he has been quite outdone as regards the utilisation of the sick for enriching the *Symptomen-Codex*. When in a prover some existing deviation from health disappeared during the action of a drug, Hahnemann records it, adding "Heilwirkung" (curative effect). Only in the case of *Iodium* has he done this with definite maladies (as goitre and enlarged glands) treated with the medicine. But his disciples have seized upon the proceeding and carried it to lengths from which he would have shrunk aghast. They have freely admitted "clinical symptoms" into our pathogenetic lists, cutting up the cases which have recovered under the action of a remedy into their component parts, and sowing these in the appropriate divisions of the schema. They at first denoted such symptoms by a sign (° or *); but soon grew careless about affixing it, and at last (as in Lippe's *Text-Book* and Hering's *Condensed Materia Medica* and *Guiding Symptoms*) avowedly omitted it altogether.

To these deliberate vitiations (as I must call them) are to be added those incidental to time and use—the havoc wrought by translation and re-translation, the errors of repeated copying, and such like. The result is that our *Materia Medica* is an Augean stable, almost as foul as was the common one when Hahnemann exposed its condition, and set to work at its purification. There are, indeed (to employ another figure), far more numerous grains of wheat now scattered through the mass, and to winnow these from the chaff is not so difficult. How far this has been done, or yet remains to be done, I shall inquire immediately. Let me first speak of the other repellent feature of the *Materia Medica*—the mode of presenting its constituent parts.

* The evidence for these statements as regards Hahnemann's mode of proceeding has been given in my little tractate on *The Sources of the Homœopathic Materia Medica*.

2. It does not admit of dispute, that to convey to the student the action of a medicine as elicited by proving, the record of the experiments should be given in detail. He must know the subjects on whom the drug is tried, the doses taken and their repetition, and the connection and sequence of the results. On the other hand, the practitioner of homœopathy frequently needs simply to know what drug has produced such and such symptoms present in his patient; and for his purposes an index to the proving, or an arrangement of its produce in some orderly form, is necessary. Now, Hahnemann seems unfortunately to have had in view only the practitioner's requirements; and has withheld (it is said, destroyed) his provers' day-books, giving us their symptoms only arranged in an anatomical schema. In this he was followed by all his disciples, until, in 1844, the Austrian Society began to publish their provings and re-provings in the *Oesterreichische Zeitschrift*. The immense superiority of the detailed records here given must have impressed every candid mind, and it has only been the old Hahnemannians and certain modern retrogressionists* who have since ventured primarily to present fresh provings in schema form. The mischief, however, had been done; and a great mass of our pathogenetic material is only available in the *dissecta membra* of an anatomical catalogue of symptoms. Of the lamentations which this deplorable state of things has elicited from all quarters, space would fail to give an account. I shall content myself with citing Dr. Dudgeon's caustic description of the schema. "It is," he says, "as unnatural and artificial an arrangement of the features of many allied morbid portraits as though an artist should paint a family group, arranging all the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the mouths all together, and so on. From such a picture, correct though each feature might be, it would be a difficult matter for us to build up each separate portrait, and it is equally difficult for us to ascertain the various morbid portraits from the *tableaux* Hahnemann has presented us with in his *Materia Medica*" (*Lectures*, p. 233). If homœopaths can thus speak of it, what impres-

* See the *Report of the Materia Medica Bureau of the 1881 Session of the American Institute*, justly stigmatised by Dr. Allen.

sion must it make on the already far from friendly minds of old-school readers?

Now, when in the early part of the last decade, Dr. Allen undertook to bring together our scattered *Materia Medica* in one great collection, he found it in the state I have described. It did not, it seems, enter into his plan to exercise any criticism as to its materials or institute any reform of its arrangement. He took all he found in our literature just as it stood; he refused no *bonâ fide* assignment of symptoms to drugs, whatever their principle of selection; he would do no more than bracket even citations of Hahnemann's from authors demonstrably unwarrantable. I have no fault to find with this course, which was perhaps necessary as a preliminary step. I only mention it to show how much has yet to be done. Then, as to presentation, so much of our *Materia Medica* existing only in schema form, Dr. Allen thought it better, for the sake of uniformity and accordance with custom, to cut up our detailed provings and poisonings in like manner. This, indeed, I must regard as without justification; and my esteemed friend seems to be of the same mind, judging from the very different manner in which he has dealt with the material of the "Appendix" in his tenth volume.

The result is that the work in which is garnered up all our pathogenetic wealth, which has deservedly superseded Jahr and every other compilation as our *Symptomen-Codex*, has all the defects of the Homœopathic *Materia Medica* as this has hitherto existed. That to these it has added the sin of imperfect translation has been confessed by the editor himself, in the *Critical Revision* he has commenced. This makes ample atonement for the fault, but it is only a beginning of reparation of the injury done. Dr. Allen's *Encyclopædia* is a great work; it redounds to the highest credit of the industry and public spirit which has conceived and carried it on. I, who greeted it at the beginning, who have cheered it on throughout, and gladly given it my modicum of assistance,—I am the last to say a word against it. It is simply indispensable, alike to the student who would learn and the physician who would practise homœopathy in its fullest possibilities. Its merits are all its own; its defects are those of the material it has collected and the arrangement it has followed. But because it inherits these defects, I urge that it

should not be regarded as the inauguration of a new era, but the summing-up of an old one. Hitherto we have been content to let wheat and tares grow together till the harvest, content though we could not see our wood for its trees. The time has now come for analysis, for scrutiny, for reform; on the basis of what Dr. Allen has done for us we can rear the better *Materia Medica* of the future.

What then is it that we propose to do? There have hitherto been two schemes on foot among those who feel the defects of our present *Materia Medica*. One is that of the Hahnemann Publishing Society, which seeks to issue a series of exhaustive monographs on individual drugs, each being undertaken by a single writer. These are to include detailed provings and poisonings, with a schematic index; a commentary; a summary of the clinical experience gained with the drug; and a bibliography. The drugs already published in the *Hahnemann Materia Medica* are to be revised for this object; and, associated with six or seven others, will shortly appear in a single volume. It is indeed to be hoped that such monographs will be multiplied; but it is obvious that their production is no slight task, one which few can undertake, and which no one can get through quickly. On the other hand, we have my friend Dr. J. P. Dake's proposal to establish a College of Provers, for the purpose of re-proving our medicines after a scientific and rational fashion. This, too, would be a most excellent thing, were it found practicable. But, while monographs are undergoing a slow gestation, and proving colleges are as yet conceived only in the mind, the student is hungering for a *Materia Medica* alike genuine and intelligible, from which he can learn the real disease-producing effects of drugs. His lectures, indeed, teach him much; but these answer to commentaries on Holy Scripture, and are meant to illuminate, not to supersede, the text. The analogy at once indicates that the latter should be in the hand of every one who is to practise the art of healing, that with whatever help he can get (and the more the better), he may drink at its fountains for himself.

Now, what the British Homœopathic Society proposes is to furnish the text, and to make it genuine and intelligible. Genuine, because all versions and copies will be traced back to their *ultimate* originals, and verified, corrected, or reproduced

therefrom ; because all clinical symptoms and (supposed) medicinal aggravations will be excluded, and phenomena observed in patients taking drugs accepted only on amply sufficient evidence ; because provings themselves will be rigorously scrutinised, and not admitted, at any rate to full-sized type, unless their source and method seem free from objection. And intelligible, because all observations will, where possible, be related in detail or sufficient summary, so as to preserve the order of the evolution of the drug's effects ; and, where this cannot be, the symptoms of each prover will be given separately, so that some approximation may be made to the same type. We shall then have a series of individual pictures of the morbid conditions induced by our medicines ; and shall only have to fit these to idiopathic disease on the principle *similia similibus* to have the homœopathic method at our full disposal. Further, to aid the practitioner in covering the isolated and unusual symptoms which occasionally come before him, we shall add from time to time such indices as may enable him to discover these when they have occurred among the pathogenetic effects of our remedies.

That such a task is desirable, I need hardly argue ; that it is practicable, our experience has already shown. By working as a Committee, we can so distribute the things to be done as that each member shall have assigned to him that to which he is competent ; and with contributions from five or six different men a pathogenesis is rapidly constructed. Hitherto, as the whole thing is in a tentative stage, and the Society has not thoroughly made up its mind about it, we have taken our time and worked leisurely. If once the scheme were substantially set on foot, with the determination to carry it through, it would not be many years before a complete *Materia Medica* of the kind was in the hands of the profession. I need hardly add that each part, as it appeared, would be so much clear gain to its possessor, though from any cause he never saw another.

Our object in bringing this matter before our transatlantic brethren is, in the first instance, as I have said, to elicit their opinion upon it. But beyond this they might give us some actual help. The American Institute might appoint a committee which should be to ours what the American Committee was to the recent revisers of the authorised version of the New Tes-

tament. It would be consultative and critical, and might also aid us, as regards its indigenous literature, in our duty of seeking ultimate originals. There is also another thing which America might well do in furtherance of the project. It will be seen that we do not propose to repeat the symptoms furnished by Hahnemann and his fellow-provers to the *Materia Medica Pura*. The master's work has just appeared in an adequate translation and a satisfactory form; and to this we refer for his own and his disciples' contributions thereto. Now, we should be very glad if we could do the same thing with the *Chronic Diseases*. I fear that we cannot incorporate the pathogeneses contained in that work, and yet we are reluctant to pass them by. Could not some competent scholar (or group of scholars) in the United States undertake to render and present the *Chronic Diseases* as Dudgeon has the *Materia Medica Pura*? I would gladly give him the same assistance in the matter of the symptoms quoted from authors. We should have these two works in full, substantially as Hahnemann left them to us, and then supplement them by what we have elicited and collected since, given in the better form which our later lights have shown us. The past and present would thus alike be honoured—the one by preservation, the other by progress, and a provision difficult to exhaust would be made for the fast-coming future.

Microbiana.

IN July, 1881, we were informed by Professor Virchow, on his own unimpeachable authority, that at last we knew what disease was (unlike our ignorant forefathers, who didn't) namely, "an entirely material *ens*, a real corporeal thing—the *altered cell*" (vide *Trans. Int. Med. Cong.*, 1881). And now we are informed by M. Pasteur, on authority, if possible, even more unimpeachable—his own—that disease is an entirely material *ens*, a real corporeal thing—*le microbe*! It would seem the height of madness to call in question the dictum of either of these two great *savants*, but an Ajax has appeared, the lightning of Zeus

of the Microbes has been defied, and—strange to say—Ajax isn't a bit the worse!

In his own spirited style Dr. Piedvache gives an account, in the May number of *L'Art Médical*, of the closure of the debate on typhoid fever at the Académie de Médecine. The "etiology, prophylaxis, and therapeutics" of typhoid fever, which was announced as the subject of discussion, very soon resolved itself into the microbic theory of that disease, and of disease in general; and as far as practical results are concerned, the discussion was just about as useful as a discussion we have lately had nearer home on diabetes. But in the matter of animation we were far outstripped by our neighbours. The Autocrat of microbia, Pasteur himself, was present at the academy debate, and a most successful and unexpected Ajax in the person of M. Peter.

M. Peter has the disadvantage—according to M. Pasteur's ideas—of being a medical man. He was unwilling to allow that the methods of chemistry, physics, and physiology were applicable to medicine. He claimed the independence of medicine in the face of the accessory sciences, which falsely claimed to have raised medicine to the status of a science. By the theories of M. Pasteur, M. Peter urged, "*new medicine*" was reduced to a collection of "*curiosities of natural history*." Speaking of Pasteur's "vaccinations"—which, as he justly urged, were not *vaccinations* but *inoculations*—he pointed out the grave "accidents" that have attended them as applied to farming. Supposing them to be applied to man, as Pasteur proposes, he (M. Peter) thus calculates the consequences:

"And the accidents? If it is the right and the duty of the farmer to sacrifice a little of his stock in order to preserve the remainder, would the father of a family be able to say in a like manner, 'I will destroy such and such a percentage of my family to preserve the rest?' It would be necessary in this case to modify the penal law. If there is about one chance in a hundred of death from these inoculations called preservatives, and if the man of the future has to protect himself against a hundred infectious diseases or thereabouts, he is pretty sure to kill himself by one or other of these inoculations. The poor man's conduct would recall that of the man in the story *who threw himself into the water for fear of getting wet!*"

"What," said M. Peter in another part of his address, "do your microbes signify to me? There will but be one microbe the more."

How did the great Pasteur and his satellites comport themselves under this? First rose M. Bouley—one of the satellites—whose competency M. Peter had gravely questioned, and he made this spirited reply: "He (M. Peter) finds me incompetent because he has not the competence sufficient to judge of my competence!" But hear the thunderer himself:

"And when," said M. Pasteur, "we are on the eve perhaps of solving the question of the etiology of this disease by the doctrine of microbes (*la microbie*). M. Peter commits the *medical blasphemy* of saying "What do your microbes signify to me? There will but be one microbe the more."

The effect of this awful thunderclap is a little spoiled by the word "perhaps," as Dr. Piedvache points out, and it was quite unnecessary, as is seen from the following quotation from Pasteur's speech which Dr. Piedvache supplies:

"I tell you, in short, on the strength of a knowledge which permits me to speak that it is strange that a professor of the first school of medicine in the world compares to a simple 'curiosity of natural history,' facts like those of the marvellous experiments of Pouilly-le-Fort:—a knowledge which permits me to denounce the levity with which you have spoken of vaccinations by attenuated viruses. And what is it that is at stake? It is a method of prophylaxis, *certain and absolute*, that is at stake. I repeat, *certain and absolute*."

This is more like the tone of a being who inhabits a region above the sphere of argument in which we lower mortals are compelled to dwell. Our only wonder is that M. Peter survived.

But *typhoid fever* was the subject of discussion, as Dr. Piedvache reminds us, and something, for appearance' sake, had to be done. "A committee has been named, and conclusions will be voted on grounds where, it is said, there is general agreement—hygiene." The following bit will not bear translating, and so we reproduce it in the original, as it is too good to be lost:—"C'est le cas de songer au '*desinit in piscem*;' mais pour un poisson d'avril, tenez pour certain qu'il sent l'égout d'une lieue, et il sera surtout question d'égout dans les conclusions envoyées au ministre. Pouah!"

Speaking of the theories of Claude Bernard concerning hyper-

pyrexia, and the fermentative theory of Brand, and consequent cold-water treatment, M. Peter remarked :

" His doctrine makes us dream ; and we can fancy an Edison of the future inventing a machine furnished at one end with a thermometer, and with a cramp at the other ; the thermometer should insinuate itself into the rectum, and whenever it accuses the patient of a temperature of 38.5° C. the cramp should seize him and plunge him into cold water. . . . But do we not see that if the morbid heat is a product of fermentation, and *if the fermentation is the function of a living element*, every disease with increased temperature is a disease with fermentation, and, in its kind, a disease of microbes ? Consequently phlegmasias and hyperthermic diseases become diseases of microbes. Thus pneumonia, pleurisy, pericarditis ; thus rheumatism and all hyperthermic diseases are infectious diseases. All should therefore be treated alike, (1) by *cold*, which arrests fermentation, or (2) by a parasiticide, which will kill the microbe."

Dr. Piedvache concludes his article as follows :

" One quotation from M. Bouley and we have done. The treatments in vogue in typhoid fever rest absolutely on one uniform formula, and the doctors of Lyons accommodate themselves marvellously to the mathematics of the method of Brand. But M. Bouley, who would, if necessary, have invented paradox, who is paradox incarnate, gives us yet one surprise more, innocents that we are. On the 17th of April he expressed himself to this effect :

" No treatment of typhoid fever *individualises* more than that of Brand (who would have thought it ?). Treating all diseases by cold water is not treating them all in the same manner. Between the bath of five minutes and the bath of fifteen minutes ; between the bath of 28° and that of 17° ; between affusion and the bath, there is at least as much difference as between sulphate of quinine and alcohol.

" We beg pardon, M. Bouley, what varies here is *the dose*, and not the mode of treatment. But the continuation of the quotation goes to show on what ground the paradox rests, on an exceedingly amusing hypothesis, that of a *normal* typhoid fever !

" . . . If there is a schematic formula it is for treating *normal* typhoid fever—that, for example, which we treat from the beginning (these then are the cases which are normal)."

" It would be permissible to call this language juggling with words. Let us always hold to the word 'individualisation,' which is beginning to have a normal currency in the academies. Every bad case being deniable they will maintain that the word

was not taken from us, although it was created by the homœopaths. Without pretending that the academicians are never capable of abusing it as well as our humblest 'pures,' let us wait till we some day see in *La Rue des Saint Pères* the *treatment of the name* contending with *absolute individualisation*, and we can then promise ourselves some merry moments."

Microbes not the Cause of Disease.

"I separate, by means of a parchment membrane, blood from water containing the salts that promote the development of proto-organisms. The whole is placed in the conditions that render the blood septicemic. After some time we find in both the liquids absolutely the same inferior organisms, the same vibriones, the same bacteria, the same microbes, and yet, while a few drops of the blood cause death, we may inject quantities of the water and consequently introduce thousands of proto-organisms identical as to form, age, &c., into the organism, without causing the least disturbance." (Onimus, *Gaz. Méd.* Dec. 30, 1882).

A Homœopathic Dog.

MANY are the remarkable instances that have come under observation in connection with the canine family. Here is one. A black retriever dog was one morning lately found waiting patiently for admission to the Homœopathic Dispensary, South Tay-street, Dundee. On the door being opened the animal walked inside, limping on three feet, and, entering the waiting-room, lay down on his right side, and held up the left hind foot, which was found to be so dreadfully crushed that part of it was hanging off, exposing the bone. Dr. Howieson dressed the dog's limb, and notwithstanding the pain caused during the process the animal gave not a whine, but held his foot perfectly still, and ever and anon licked the doctor's hand by way of recognition of and gratitude at his services. The dog returned daily for some time and had his foot dressed, often waiting alone before the door was opened; but one evening he returned to have the morning dressing removed, it being of a rather painful kind, and when

bandages were again applied he refused to allow them to remain, but limped away and never again returned. On one occasion he had been taken to Dr. Howieson's house, and on Sunday when the dispensary was closed, he went there.—(*Land and Water*, June 23rd, 1883).

Tincture Triturations.

To the Editors of the British Quarterly Journal of Homœopathy.

GENTLEMEN,—On page 39 of the new *British Homœopathic Pharmacopœia* directions are given for preparing tincture triturations, viz. by adding 960 minims of the tincture (usually the mother tincture) to 960 grains of *Sugar of Milk*, and when dry the whole is to be weighed and made up to 960 grains by the addition of more *Sugar of Milk*. Then follows:—"From the way it is made it will be obvious that one grain of a tincture trituration will contain as much of the medicine as one minim of the tincture itself." Now, if mother tincture is used it will necessarily increase the weight so that the product will weigh more than 960 grains. Take, for example, *Nux vomica*, and it will be found to increase the weight by about twelve grains owing to the extractive matter contained in the tincture; with others it would be more or less in proportion to the matter in solution. The correct way would be to take a less quantity of *Sugar of Milk*, say 900 grains, mix with the tincture, and when dry make the whole up to 960 grains. This will then represent one minim in one grain.

I am, gentlemen,

74, New Bond Street,
London.

Yours very truly,
L. T. ASHWELL.

British Homœopathic Pharmacopœia.

WE are requested by Dr. Drury to call attention to the following correction he wishes to be made in the last edition of the above work.

Page 39, line 10 from top, after "2 ounces" erase "and 85 grains."

OBITUARY.

DR. FRANCIS BLACK.

FOR forty-two years the name of our deceased colleague has been a household word in connection with the history of homœopathy in Britain. He studied homœopathy in Paris in 1840 under Hahnemann. In 1841 he and Dr. Rutherford Russell set up the first homœopathic dispensary in Edinburgh—probably the first in Britain—and in doing so threw down the gauntlet to old physic. The latter was only too willing to take it up, and a long and bitter persecution of homœopathy commenced in Edinburgh, the effects of which are still noticeable among the medical profession in that city, as we have lately seen in the antihomœopathic zeal of one of the professors of the Edinburgh University, when he elected to give the southern metropolis the benefit of his surgical skill, and astonished his more liberal surgical colleagues by refusing to do his surgical work while the ordinary medical attendant, a partisan of homœopathy, who had called him in to the case, continued to visit the patient, though without prescribing for him.

The College of Physicians of Edinburgh refused their Fellowship to Dr. Black on the ground of his homœopathic proclivities, the first time that such a refusal had been made on the ground of difference of therapeutic views between college and candidate.

In 1843 Dr. Black joined Drs. Drysdale and Russell in establishing the *British Journal of Homœopathy*, and though Dr. Black's editorial connection with our periodical ceased with the first volume, he continued to contribute valuable articles to our columns up to the last year of his life, and up to our last volume.

He did not remain long in Edinburgh to battle against the mighty forces of orthodox physic, but was compelled by the health of one of his family to exchange the rigour of Scotch

winters for the more genial climate of the southern parts of the kingdom. He settled at Clifton, on the Bristol Channel, and for many years enjoyed a lucrative practice there and endeared himself to a large circle of patients and friends.

When failing health compelled him to leave off practice he came to London, and although withdrawn from the active exercise of his profession he continued to labour most assiduously at the work of the *Materia Medica*, and to aid with his valuable counsel any of his colleagues who might desire assistance in a difficult case.

Dr. Black was an excellent practitioner. To a thorough knowledge of the *materia medica* he added a perfect acquaintance with the most modern researches in physiology and pathology and a familiarity with all the best means of diagnosis. His great experience rendered his opinion in cases of serious and obscure diseases extremely valuable, and he inspired his patients and colleagues with the utmost confidence in his skill and sagacity. As a physician he was eminently successful, learned, liberal, full of resources, careful and sympathising. As a man he was generous, hospitable, honest, and honourable—a perfect gentleman.

To those who had the good fortune to enjoy his intimacy, he was a valued friend and a delightful companion, richly endowed with all those fine qualities of mind and heart that constitute the charm of familiar intercourse.

Dr. Black was one of the few British homœopathists who had enjoyed the personal acquaintance of the illustrious founder of homœopathy. His loss is a great one to homœopathy, to which he rendered immense services throughout his whole career, not only by working towards its scientific development, but by defending it in its early struggles against the assaults and persecutions of powerful and unscrupulous enemies, and by maintaining a high standard of conduct unsullied by any recourse to unprofessional methods of advocating its advantages.

His health had never been robust, and he was often temporarily disabled, even when in full practice, by severe congestive headaches. A few years ago he contracted a pernicious fever in Rome, which he never afterwards entirely shook off. At the beginning of this year symptoms of malignant disease of the colon set in, and he died in London on the 28th of May, at the comparatively early age of sixty-four. So long has his name

been known in connection with homœopathy that it is difficult to realise that his years were only three score and four. But in the early days of homœopathy in Britain, its partisans began to make history while still very young, and Black was only twenty-two when he stood at bay before the whole medical faculty of Edinburgh.

We subjoin the letter of condolence to Mrs. Black sent by the President of the British Homœopathic Society at the request of the Society.

"June 11, 1883.

"LINGMOOR, DEAN PARK,
"BOURNEMOUTH.

"DEAR MADAM,

"At a meeting of the British Homœopathic Society, Thursday, June 7, the following resolution, of which I have just received a copy from our Secretary, Dr. Hughes, was passed unanimously.

"The Members of the British Homœopathic Society having received the sad intelligence of the death of their Treasurer, Dr. Black, desire to record their deep sense of the loss they have sustained, and not only they but the cause of Homœopathy generally, of which Dr. Black was one of the earliest pioneers and brightest ornaments.

"A copy of this to be forwarded in a letter from the President to Mrs. Black.'

"Dr. Drysdale, Dr. Hamilton, and myself, who were present at the meeting, had the privilege of knowing Dr. Black for many years, we having been present when he read a paper on Homœopathy in the Royal Medical Society of Edinburgh in 1841 or 1842.

"To Dr. Dudgeon, Dr. Richard Hughes, and others, who were also present at the meeting of our Society, he was long known, and by all highly esteemed. Each speaker bore testimony to the unflinching courage, the devotion to his profession, and the high and honourable bearing that had distinguished him during his long and useful career, and which had contributed so much to cause Homœopathy to be valued and respected wherever his influence was felt.

"As a personal friend he will long be missed, as a hard working labourer in our school his place cannot easily be supplied.

"On behalf of the British Homœopathic Society I have to convey to you the expression of their sincere sympathy in the irreparable loss you and the other members of his family have sustained.

"In conclusion let me express the hope that in the midst of your great sorrow you may find that comfort and support that will not fail those who look to Him who can alone give it. That this comfort may be yours, is the earnest prayer of

"Dear Madam,

"Yours sincerely,

"WILLIAM V. DRURY,

"President of the British Homœopathic Society."

CHARLES HANSON, M.D.

THOUGH comparatively unknown to his colleagues, Dr. Hanson's departure from among us should not pass altogether unnoticed. He was a brother of Sydney Hanson, with whom many were familiar in the early days of homœopathy in this country. He passed the greater part of his professional life at Brighton; and was resident there at the time of his death, though he had long ceased to cultivate practice. He was of a retiring disposition, and little calculated to achieve success as a practitioner of medicine; but he knew his profession, and was a gentleman and a Christian.

DR. HUBER AND DR. GOULLON.

Two conspicuous figures among German homœopathists have lately disappeared from their already thinned ranks.

Dr. Edward Huber died at Pola on the 8th May last. Though quite a young man, only thirty-six at the time of his decease, he was reckoned one of the most able physicians of Vienna, and when Dr. Johann Taubes Ritter von Lebenswarth established in that city a hospital for the homœopathic treatment of children,

he selected Dr. Huber as its chief physician, a post he continued to occupy till his death, and to the duties of which he devoted himself heart and soul until his health, which was never very robust, gave way, and he was compelled to seek a more genial climate in Pisa.

Dr. Goullon, senior, of Weimar, who has just died at upwards of eighty years of age, was well known to all the homœopathic world by his numerous writings, polemical and scientific, many of which are to be found in our early volumes. He has left behind him a son who is an even more voluminous writer, and an equally hard worker.

Homœopathic Practitioner Wanted at Cape Town.

WE are requested by Mr. James B. Wilson, of Cape Town, to announce that a second homœopathic practitioner is much wanted in that city. There is at present only one doctor to administer to the wants of all the population who are favourable to the method of Hahnemann, and he is greatly overworked, and as none of the old-school practitioners will meet him in consultation, patients feel that they are placed at a disadvantage in cases of danger and difficulty. Any of our colleagues who may wish to emigrate to South Africa with the prospect of finding a good opening for their talents, should put themselves in communication with Mr. Wilson.

BOOKS RECEIVED.

- Cómo obran los mercuriales en el tratamiento de la Sífilis.* Por H. RODRIGUEZ PINILLA, M.D. Madrid. 1882.
- A Momentous Education Question.* By P. A. SILJISTRÖM. Translated by J. J. GARTH WILKINSON. London: Young. 1882.
- The Message of Psychic Science to Mothers and Nurses.* By MARY BOOLE. London: Trübner. 1883.
- Anleitung zum methodischen Studium der Homöopathie für junge Aerzte.* Von Dr. MED. A. LOEBACHER. Leipzig. 1883.
- Gelsemium Sempervirens.* A monograph. By the Hughes Medical Club of Massachusetts. Boston. 1883.
- Disease and Putrescent Air.* By THOS. ROWAN. London: Spon. 1883.
- Students' Guide to the Examination of the Pulse and Use of the Sphygmograph.* By BYROM BRAMWELL, M.D. 2nd edit. Edinburgh. 1883.
- O Homœopathie.* Pernambuco. No. 3.
- Zur Galvano-Faradisatio.* Von Dr. S. T. STEIN. Frankfurt a. M.
- Beobachtungen über eine bemerkenswerthe Wirkung der statischen Electricität.* Von Dr. S. T. STEIN. Frankfurt a. M.
- Homœopathy in its relation to the Diseases of Females, or Gynecology.* By THOMAS SKINNER, M.D. 2nd edit. London Homœopathic Publishing Co. 1883.
- Constituents of Tubercles.* By R. R. GREGG, M.D.
- Tuberculosis.* By R. R. GREGG, M.D.
- De l'Atrophie axiale du nerf optique.* Par le Dr. de KEERS-MAECKER. Paris. 1883.
- Revista Homeopatica Catalana.*
- The Calcutta Journal of Medicine.*
- Boletin Clinico del Instituto Homeopatico de Madrid.*
- The Medical Counselor.*
- Rivista Omiopatica.*
- Revue Homœopathique Belge.*
- The Monthly Homœopathic Review.*
- The Homœopathic World.*
- The Hahnemannian Monthly.*
- The American Homœopathic Observer.*
- The North American Journal of Homœopathy.*
- The New England Medical Gazette.*
- Bulletin de la Société Méd. Hom. de France.*
- Allgemeine homöopathische Zeitung.*
- Homœopathic Journal of Obstetrics.*
- El Criterio Medico.* *L'Art Médical.*
- New York Medical Times.* *The Medical Call.*
- The Clinique.* *The Homœopathic Physician.*
- Bibliothèque Homœopathique.* *Indian Homœopathic Review.*

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

CHOLERA.

By R. E. DUDGEON, M.D.

THE prevalence of cholera in Egypt, where a British army is located, in which the disease has had its victims, brings home to us with peculiar force the virulence of the disease and the danger there is of the spread of the pestilence to Europe and to Britain. The medical periodicals and sanitary authorities are busy with advice as to the measures to be pursued in the event of the arrival of the disease on our shores, but hitherto little has been offered to an anxious public but general warnings against the neglect of efficient drainage and especially of dust-bins. The fatality, if not the very origin, of the disease in Egypt is almost invariably ascribed to the dirty habits and want of proper sewerage and pure water of Egyptian towns, and the well-drained and well-washed Briton is almost persuaded that a disease which he is told is the product of dirt and bad water, can scarcely attack a nation so scrupulously attentive to those sanitary measures which the Egyptians so habitually neglect. But though the cholera may perhaps find a larger number of predisposed subjects among a

population careless about sanitation, we know from the history of past epidemics that it finds its victims among those living in the best hygienic conditions. Hence, though it is very right and proper to insist upon the excellence of good sanitary arrangements and clean dust-bins, something more is required to allay the fears of those who remember the fatality of former invasions of cholera, and who do not feel assured that mere scavenger's work is an infallible panacea.

What to do, supposing the cholera does come in spite of their perfect drainage and incessant scrubbing, is what most interests them, and they turn with anxiety to the great medical authorities for instruction. But they find nothing to enlighten them as to the treatment of the cholera should it actually seize upon them. They are only told what to do to prevent the cholera coming to them; but supposing the cholera is so unreasonable as to pursue its westward course to our shores without heeding our sanitary authorities, as the tide would come in notwithstanding King Canute's orders to the contrary, and as the Atlantic showed no respect for Mrs. Partington's mop, our medical advisers have apparently no advice to offer as to how it is to be treated. We see, indeed, an occasional prescription of chalk mixture, or other time-honoured remedy for diarrhoea, recommended (generally by an amateur) in the papers, but for a precise and rational treatment of the disease by an experienced doctor we look in vain. The reason of this is not far to seek. The dominant school of medicine stand helpless before the disease. They have no confidence in any mode of treatment, for they have found by multiplied experience that under all their methods—and these are legion—the mortality of cholera remains pretty steadily at from half to two thirds of those attacked. They could not, therefore, with any sense of decency, recommend their treatment in face of the established fact that it is invariably attended by a mortality of from 50 to 75 out of every 100 patients.

As, then, the oracles of the dominant sect which loves to call itself established, legitimate, regular, rational, and

scientific, are dumb in the presence of cholera, are the anxious public to be left to draw the melancholy conclusion that medicine is altogether powerless, that they are to be left unaided in the presence of the pestilence or at best to content themselves with the meagre advice to look to their water-closets and dust-bins? Not so, for precisely when the arrogant medicine of the schools throws up the sponge and wrings its hands in hopeless impotence, the despised followers of Hahnemann step into the place vacated by it and offer to the threatened sufferers from the pestilence a method which a multiplied experience has shown to be of wondrous efficacy in the cure of this most terrible and fatal of maladies.

Proofs of the vast superiority of the homœopathic over other methods of treating cholera exist in published and authoritative documents which we may briefly recall to the memory of our readers.

When the cholera raged in Vienna in 1836, the Hospital of the Sisters of Mercy in the Gumpendorf suburb of that city was ordered by the Government to be devoted to the reception of cholera patients. Dr. Fleischmann, the physician of the hospital, expressed his willingness to receive cases of cholera, but stipulated that he should treat them according to the method he had most confidence in, viz. the homœopathic. Though homœopathy was then under a ban in Vienna, his conditions were agreed to. Two allopathic physicians were appointed by Government as inspectors to report on the nature of the cases admitted into the hospital and the results of the treatment. The total number of cases received was 732, and of these 488 recovered and 244 died, a little more than 33 per cent. Sir William Wilde, an allopathic writer, in his work on *Austria and its Institutions* (p. 275), makes the following statement regarding this trial of the homœopathic treatment of cholera in Vienna:

“Upon comparing the report of the treatment of cholera in this hospital with that of the same disease in the other hospitals in Vienna during the same period, it appeared that while two thirds of the cases treated by Dr. Fleisch-

mann recovered, two thirds of those treated by the ordinary methods in the other hospitals died."

This immense superiority of the homœopathic over the ordinary treatment of cholera led the Government to remove the obstacles and repeal the ordinances that had hitherto prevented the free practice of homœopathy in Austria, and gave a great impetus to the spread of Hahnemann's system throughout the empire.

On the appearance of the cholera in Edinburgh in 1848, the medical officers of the Homœopathic Dispensary of that town at once made arrangements for the treatment of the disease by homœopathic remedies. Placards were posted about the town announcing that medical aid could be had by sending to the dispensary where six medical men, viz. Drs. Russell, Wielobycki, Lyschinski, Sutherland, Atkin, and Cockburn arranged among themselves to be in readiness to go to the houses of those attacked at any hour of the day or night. This system they kept up during the whole prevalence of the epidemic. They treated in all 236 cases, of whom 57 died, showing a mortality of 24·15 per cent. The returns of the Board of Health show that there were 640 cases treated during the same period in Edinburgh and Leith otherwise than homœopathically, of whom 435 died, showing a mortality of nearly 68 per cent. (*vide A Treatise of Epidemic Cholera* by J. Rutherford Russell, M.D., p. 285).

This epidemic of cholera reached Liverpool in 1849, and the same measures were adopted by the medical officers of the Homœopathic Dispensary there to encounter the pestilence. Dr. Drysdale, Dr. Hilbers, Mr. Moore, and Mr. Stewart arranged among them to attend at the dispensary day and night in order to supply attendance and medicine to those needing them. Handbills were distributed far and wide containing plain directions for the treatment of the early stages of the disease, and small bottles of spirits of camphor (1 to 6) were given to all applicants. The total number of cases of fully-developed cholera treated by the medical officers of the dispensary was 175, of whom forty-five died, showing a mortality of 25·7 per cent. The

general mortality from that epidemic of cholera in Liverpool, under all treatments, including the homœopathic, was, according to the returns of the Medical Officer of Health, 46 per cent. of those attacked (vide *British Journal of Homœopathy*, Vol. VIII, p. 92).

When the cholera epidemic visited London in 1854, the Board of Management of the London Homœopathic Hospital, then located in Golden Square, which happened to be the centre of the most severely affected part of the metropolis, cleared out the hospital for the reception of cholera patients only. The Medical Inspector appointed by the Board of Health, Dr. MacLoughlin, was requested to put the London Homœopathic Hospital on the list of institutions for the treatment of cholera, which he was to inspect and report on. This he willingly did, after thoroughly inspecting the arrangements. He also paid a daily visit of inspection to the hospital during the whole of the time it was engaged in receiving cases of cholera. The Board of Health had appointed a committee of medical men, presided over by Dr. Paris, the President of the College of Physicians, to collect the reports of the treatment of cholera in London and to report to Parliament on the results of the various methods pursued in all the different institutions. When the report of this Treatment Committee appeared, it was observed that the returns of the London Homœopathic Hospital were altogether ignored. Some stir was made in the House of Commons by Lord R. Grosvenor—now Lord Ebury—about this omission, and this led to a separate Parliamentary paper being issued containing the omitted returns of the London Homœopathic Hospital. From these returns it appeared that the number of cases treated in the Homœopathic Hospital was sixty-one, of whom ten died, giving a mortality of 16·4 per cent. From the other Parliamentary paper, issued under the editorship of the Treatment Committee, it appeared that the average mortality under the mode of treatment pursued in the other metropolitan hospitals was 51·8 per cent.* The reason for

* This percentage agrees with what Lebert says concerning the mortality of cholera under the ordinary treatment: "In the distinctly pronounced form

the suppression of the returns from the Homœopathic Hospital by the Treatment Committee was therefore pretty obvious. It would have been decidedly awkward for an allopathic committee to have recorded that the despised homœopaths were able to cure 83·6 per cent. of the cases attacked, while the professors of scientific medicine could only manage to save 48·2 per cent., so they preferred rather to disobey the order of Parliament than to register their own inferiority.* The Government Inspector, Dr.

of cholera the average mortality rate may be put down as 50 per cent. of all cases attacked, with a tendency towards a higher rather than lower proportion" (*Ziemssen's Cyclop.*, vol. i, p. 430).

* The report of the Treatment Committee is one of the most remarkable documents that were ever issued by a body of learned men. From it we learn in one place that the number of cholera patients treated in the metropolitan hospitals was 1100; in another the number is given as 1104. Here is some of the valuable information it gives us:

Of 1100 cases treated in the metropolitan hospitals:

643 had emetics, and of these 344 died = 53·4 per cent.

457 had no emetics " 226 " = 49·4 "

1100

570

Again:

Of 1100 cases treated in the metropolitan hospitals:

102 had turpentine enemata, and of these 59 died = 57·8 per cent.

998 had no turpentine enemata " 511 " = 51·2 "

1100

570

and as if this valuable information was not sufficient, we have it put in still another form, thus

Of 1100 cases treated in the metropolitan hospitals:

496 had iced water, and of these 248 died = 50 per cent.

604 had no iced water " 322 " = 53·3 "

1100

570

In another place we have an analysis of 1104 cases treated in the metropolitan hospitals, without a hint as to where the additional 4 came from, or any reason assigned for this omission in the other tables.

Of 1104 cases treated in metropolitan hospitals:

689 were treated by alteratives:

52 had small doses of calomel, of these 26 died = 50 per cent.

381 had large doses of calomel " 184 " = 48·2 "

105 had calomel and opium " 44 " = 62·8 "

20 had other mercurials " 13 " = 92·8 "

131 had salines " 66 " = 64 "

Macloughlin, though himself belonging to the dominant sect, testified most handsomely to the severity of the cases treated in the London Homœopathic Hospital, and to the success of the treatment. He writes to Mr. Cameron, one of the medical officers of the hospital: "All I saw were true cases of cholera, in the various stages of the disease; and I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other." An interesting account of this little episode illustrative of allopathic unfairness towards homœopathy will be found in our Vol. XIII, pp. 457, 594, and 674.

We could, from the records of homœopathy, adduce a

231 were treated by astringents:

170 had sulphuric acid	of these 98 died = 79·6 per cent
36 had chalk and opium	" 11 " = 64·7 "
9 had iron, alum, and alum mixture	" 4 "
9 had acetate of lead and opium	" 5 "
6 had cinchona and quinine	" 0 "
1 had gallic acid	" 1 "

84 were treated by stimulants:

8 had ammonia	" 6 "
39 had brandy	" 25 "
4 had ether	" 3 "
3 had camphor and chloroform	" 0 "
5 had cordial tonic mixture	" 3 "
7 had cajeput oil	" 4 "
18 had internal stimulants (sic!)	" 6 "

100 cases were treated by eliminants:

78 had castor oil	" 57 " = 73 per cent.
21 had emetics	" 17 " = 80 "
1 had olive oil	" 0 "

1104

578 "

We learn from this table that of the 4 patients omitted from the other list 3 died. We are not responsible for the extraordinary percentages given above, they are of a piece with the slipshod incorrectness of the whole report. It is significant that the treatment by camphor and chloroform was followed by no deaths, but then there were only 3 cases so treated. We cannot wonder that the Treatment Committee objected to introduce the statistics of the London Homœopathic Hospital's cholera treatment, with its mortality of 16·4 per cent., among their 48 to 80 percentages of mortality from their own cherished methods.

large number of cases treated, some in hospitals some in their own homes, showing the great superiority of the homœopathic treatment of cholera, but we have resolved to confine ourselves to such statistics as were authenticated by competent and known authorities. Enough has been here adduced to prove that homœopaths are entitled to claim for their treatment a real curative power over cholera, while, on the other hand, the partisans of the old school can make no such claim for any of their many modes of treatment.

We know that we may search in vain the cholera literature of past epidemics for any rational or moderately successful treatment of the disease. Nor is the most recent literature of allopathic medicine more suggestive of remedies for the fully-developed disease. "If," says Lebert in Ziemssen's magnificent *Cyclopædia*, the latest outcome of German allopathic science, "the prodromic diarrhœa has resisted our efforts to check it, or if it have not existed at all, and the violent discharges have already set in, neither *Opium* nor *Nitrate of Silver*, nor any other remedy will be of any avail" (vol. i, p. 458). On the other hand, Macnamara in Quain's bulky *Dictionary*, the oracle of modern British allopathic science, recommends a pill of *Opium* and *Acetate of Lead*, and a mustard plaster over the abdomen, but the futility of this treatment has been sufficiently proved by the sad mortality that has always attended it.

In bright contrast to the allopathic treatment, which can offer either no remedy at all or only such as have been again and again proved to be useless or even injurious, homœopathy offers a mode of treatment which has in every epidemic been crowned with the most gratifying success.

When the cholera first invaded Europe in 1831, Hahnemann, from merely reading the reports sent to him of the symptoms of the disease, was able to suggest the remedies for its different stages, which in every epidemic since that time have been employed by his disciples all over the globe, with results which have astonished the world and rescued hundreds of those attacked from imminent death. Hahne-

mann's wonderful genius, guided by the therapeutic rule he discovered, led him to select *Camphor* as the specific for the first stage of the disease. The importance of administering this remedy at the very commencement of its onslaught made him insist on the necessity of the remedy being administered by the patient's friends without waiting for the arrival of the doctor. Thus he writes :

"Every one the instant any of his friends take ill of cholera, must himself, immediately, treat them with *Camphor*, and not wait for medical aid, which, even if it were good, would generally come too late." "When the cholera first attacks, it usually appears in the commencement in its first, stage (with tonic spasmodic character); the strength of the patient suddenly sinks, he cannot stand upright, his expression is altered, the eyes sunk in, the face bluish and icy cold, as also the hands, with coldness of the rest of the body; hopeless discouragement and anxiety, with dread of suffocation, are visible in his looks; half stupefied and insensible he moans or cries in a hollow, hoarse tone of voice, without making any distinct complaints, except when asked; burning in the stomach and gullet, and cramp-like pain in the calves and other muscles; on touching the precordial region he cries out; he has no thirst, no sickness, no vomiting or purging." "In this first stage the patient must get as often as possible (at least every five minutes) a drop of spirit of *Camphor* (from 1 oz. of *Camphor* to 12 of alcohol) on a lump of sugar, or in a spoonful of water. Some spirit of *Camphor* must be taken in the hollow of the hand and rubbed into the skin of the arms, legs, and chest of the patient; he may also get a clyster of half a pint of warm water mingled with two full teaspoonfuls of spirit of *Camphor*, and from time to time some *Camphor* may be allowed to evaporate on a hot iron, so that, if the mouth should be closed by trismus and he can swallow nothing, he may draw in enough of *Camphor* with his breath" (*Archiv f. hom. Heilk.*, vol. xi).

These directions, written in 1831, are the best that can be given for the administration of this invaluable remedy. We generally now make use of a stronger spirit of *Camphor* (1 to 6), and some even prefer a saturated solution. The official *Camphor* liniment may also with

advantage be substituted for the *Camphor* spirit for frictions, but these are details of secondary importance. In the main Hahnemann's first directions are still acted on by his followers whenever cholera appears; the experience of all who have followed them in every epidemic of cholera testifies to the almost supernatural insight and prescience of the illustrious founder of homœopathy.

The experience of some practitioners, notably Rubini, of Naples, in several epidemics of cholera, would seem to show that *Camphor* alone will cure cholera, without the necessity of employing any other remedy; and this is probably true if we can always employ this remedy from the commencement, or near the commencement, of the attack. But Hahnemann himself, and most of his followers, do not regard *Camphor* as specific for all the stages of cholera, but only for the first stage.

Hahnemann says:

"If this period of the commencement of the disease, so favourable to recovery and speedy cure by the above-described employment of *Camphor*, has been neglected, then things look worse; then *Camphor* is no longer serviceable. There are, moreover, cases of cholera, especially in northern regions, where this first stage, with its tonic spasmodic character, is hardly observable, and the disease passes instantly into the second stage of clonic spasmodic character; frequent discharge of watery fluid, mixed with whitish, yellowish, or reddish flakes, and along with insatiable thirst and loud rumbling in the bowels, violent vomiting of large quantities of the same fluid, with increased agitation, groaning and yawning, icy coldness of the whole body, even of the tongue, and marked blue appearance of the arms, hands, and face, with fixed sunken eyes, diminution of all the senses, slow pulse, extremely painful cramps in the calves, and spasms of the limbs. In such cases the administration of a drop of *Camphor* spirit every five minutes must only be continued so long as decided benefit is obtainable (which, with a remedy of such rapid action as *Camphor*, manifests itself within a quarter of an hour). If in such a case decided benefit is not soon perceived then no time must be lost in administering the remedy for the second stage."

According to Rubini, who had ample opportunity of

observing cases of cholera, *Camphor* still suffices to cure the disease, and no other remedy is needed. But then Rubini was not likely to see such cases as, Hahnemann tells us, are apt to occur in more northern climates, and evidently all the cases he met with in Naples belonged to the class in which *Camphor* is the specific. Had Hahnemann had an opportunity of treating cholera himself perhaps he might have found, like Rubini, that *Camphor* was serviceable in even the later stages of the disease. But, at all events, we know that Hahnemann was aware that *Camphor* often sufficed, without any aid from other medicines, to cure the disease; for, in a letter to Dr. Peschier, he says:

"I learn from authentic sources that at Vienna, Berlin, and Magdeburg, thousands of families, by following my instructions with regard to the treatment by *Camphor*, have cured, often in less than a quarter of an hour, those of their members who were attacked by the epidemic."

This is no exaggeration of the rapidity of the action of *Camphor* in the early stage of cholera. Dr. Russell relates that he once saw a little girl actually take cholera. She suddenly presented the strange unnatural look which characterised the disease and seemed to shrink in size, becoming cold and livid. Five or six drops of *Camphor* spirit were at once given, and in ten minutes the anxious frigid expression of the face gave way and was succeeded by a glow of warmth; and the pulse, which had become very small, rapid and irregular, resumed its normal volume and rate.

It may not be without interest to inquire what led Hahnemann to select *Camphor* for the first stage of cholera and to prescribe it in the doses we know, which are so different from those he habitually used for other medicines, and from those of the other remedies he employed in this very disease.

In his first communication on the subject which appears in the *Archiv f. hom. Heilk.*, vol. xi, and is dated 10th September, 1831, he mentions that a prescription, the principal ingredient of which was *Camphor*, was employed

for the cholera at Dünaberg with such success that only one patient in ten died. He then proceeds to say that had the *Camphor* been employed alone not 1 in 100 would have died. Possibly this Dünaberg prescription and its success together with reports of the similarly successful use of *Camphor* in Hungary led him to inquire if *Camphor* in its pathogenetic effects offered a picture of the symptoms of cholera. Dr. Russell (op. cit., p. 209) has arranged together all the choleraic symptoms of *Camphor*, and we cannot fail to perceive that they present a tolerably accurate representation of those that attend the invasion of cholera. But why did Hahnemann prescribe it in such large and frequently repeated doses, and not only by the mouth but in clysters, inhalations, and frictions? This is so unlike his mode of using any other remedy that there must be some reason for this departure from his usual practice. Of course we may say that he merely prescribed the remedy in the doses that he had heard had effected such marvellous cures in Poland and Hungary, but this would hardly have influenced him in prescribing it as he did, had it not been for his views upon the nature of cholera. We learn from a pamphlet he published soon after the above-mentioned article in the *Archiv*, that he believed that the infectious miasm of cholera consists of "innumerable invisible living beings," and that *Camphor* was a certain poison for them. Though this view of the cholera miasm is in perfect accord with the modern fashionable Pasteurian doctrine of microbes, which it indeed anticipates by more than fifty years, we do not feel satisfied of its correctness. It constitutes, however, a plausible reason for giving the remedy in those large doses which form such a contrast to Hahnemann's usual doses. And yet it must strike everyone as being extremely odd that a medicine should be at once the homœopathic remedy for a disease and the poison of the microbes on which the disease is supposed to depend. We should like to know, though of course that is impossible, the sequence of events in Hahnemann's recommendation of *Camphor*. Was the hypothesis as to the cloud of invisible living organisms constituting the miasm of cholera formed before

the conviction of the necessity of large doses or after? We ask this because the hypothesis stands so absolutely alone in Hahnemann's doctrines, that it looks like something not belonging to them at all, and thrust in awkwardly. There is no doubt that the pathogenesis of *Camphor* gives a striking picture of the first stage of cholera, so that the remedy is really and truly homœopathic; but if so, why did not Hahnemann prescribe it in his usual dose—the 30th dilution? Is the reason of this, perhaps, that he first became aware of the wonderful power of *Camphor* in cholera from his correspondents in Poland and Hungary or from newspaper articles detailing its efficacy, that he was convinced by these reports that massive doses of the remedy must be used, and that he could not well claim the remedy to be merely homœopathic to the disease without at the same time saying as usual "that the suitable dose cannot be too small," unless he could assign some valid reason for its administration in big doses, besides its homœopathicity. The cloud of microscopic organisms and the necessity for their destruction—*Camphor* being assumed to be their poison—was such a satisfactory reason for the large doses, that it would be irresistible to Hahnemann at this period of his life, when altogether oblivious of his former denunciations of hypotheses, he was spinning them in quantities in his Coethen hermitage. Whether the idea which about that time was "in the air" that *Camphor* was inimical to microscopic germs of disease in general and which was soon after this formulated into a regular system by Raspail, had anything to do with Hahnemann's hypothesis of the origin of cholera and his antidote for its supposed cause, must of course remain for ever unknown, but they certainly seem to have some sort of connection with one another. It is significant that he scarcely alludes to the homœopathicity of the drug to the disease, while he speaks so decidedly about the power of *Camphor* to destroy the invisible germs on which he supposes cholera to depend. But whatever the true explanation may be, we must always look upon it as a happy inspiration of Hahnemann's that amid the thousand and one remedies proposed and given for

the cure of cholera he was able to point to *Camphor* as the one remedy capable of combating the terrible onslaught of the pestilence. Whether Hahnemann's hypothesis about minute living organisms being the cause of cholera be true or not, we must wait for the report of the experts M. Pasteur has sent out to Egypt to search for the cholera microbe, and perhaps they may fail to convince us even should they assert that they have captured a real live micrococcus.

When, however, Hahnemann believed that the disease had advanced to a stage when *Camphor* was no longer indicated, he directed *Cuprum* or *Veratrum album* to be given, or, as he says in the same letter to Peschier, the two medicines in alternation, and the experience of many of his disciples has proved the efficacy of these remedies.

Others, especially Drysdale and Russell, place most reliance on *Arsenicum* when the period for administering *Camphor* is past. Some surprising cures were effected in the Liverpool epidemic by arseniuretted hydrogen gas inhalations, even when the patients were completely collapsed.

Hughes (*Manual of Therapeutics*, vol i, p. 113) says that *Aconite* presents symptoms most strikingly resembling the collapse of cholera, a resemblance that was pointed out by Hempel many years ago, and he adds that Cramoisy found it of excellent service in that stage.

Sircar, who has had much experience of the cholera in India, lauds *Hydrocyanic acid* in those cases of collapse, when, "along with pulselessness, the respiration is slow, deep, gasping or difficult, and spasmodic, taking place at long intervals, the patient appearing dead in the intermediate time."

For the suppression of urine, threatening uræmic poisoning, if *Arsenic* does not suffice, *Terebinth* and *Cantharis* may be used, or *Kali bichromicum* which Drysdale found efficacious in no less than twelve cases.

For the consecutive fever, which so often follows an attack of cholera, that has not been cut short by the above remedies, Drysdale found *Phosphoric acid* most frequently useful.

It is not intended here to give anything like full details respecting the treatment of all the different stages and accidents of cholera. These have been so fully treated of in works like Russell's *History of Epidemic Cholera*, and Hughes's *Manual*, that we need only refer our readers to those excellent works for detailed information. The present writing is only meant to refresh the memory of those who, in the event of cholera again making its appearance among us, may be called on to treat the disease.

Before concluding, however, it may be as well to say something respecting the prophylaxis of cholera. Hahnemann recommends a small dose of *Cuprum* to be taken every morning during the prevalence of the epidemic, either alone or in alternation with an equally small dose of *Veratrum* (*Lesser Writings*, p. 848). He also mentions that the wearing of a small plate of copper next the skin has been found an efficient protection from the disease. Dr. Schmit, physician to the Duchess of Lucca, also testifies to the prophylactic power of such a copper plate worn over the pit of the stomach. During the various epidemics in this country similar copper plates were worn by many by the advice of homœopathic physicians, and it is not known that any who wore them were attacked. Dr. Burq, of Paris, the distinguished inventor of the system he calls *metallo-therapie*, made a careful investigation of the liability of the Parisian artisans to cholera, and he found that those engaged in the manufacture of articles of copper and brass were nearly entirely exempt from the disease and that they were the only class of artisans who escaped. He, too, recommends as a prophylactic the wearing of a copper plate next the skin.

In view of these facts and observations, the wearing of a small copper disc next the skin over the epigastrium is to be recommended to those who may be exposed to the infection of cholera. If copper, as we have every reason to believe, exercises an antidotal influence to the cholera miasm, it seems highly probable that its prophylactic power may be obtained as well by the application of the metal to the skin as by taking it by the mouth. I have on

several occasions observed decided copper symptoms produced by the metal so worn, such as painful sensations in the pit of the stomach and even a pustular eruption on the skin.

One word in conclusion. The extreme purging and vomiting that often constitute the chief features of cholera, render the administration of medicines by the mouth a doubtful mode of obtaining their effects. Perhaps the hypodermic method of giving the medicine may be found the best, especially as regards *Arsenicum* and *Cuprum*. Dr. Drysdale devised an ingenious method of giving arseniuretted hydrogen by inhalation, but the difficulties of this method are rather apt to deter practitioners from its frequent use. No such difficulties attend the subcutaneous injection of the dose of the appropriate medicine, which, therefore, is worthy of a trial should the cholera again visit us.

Nothing has been said here about the sanitary measures which ought to be adopted, such as flushing drains, cleansing dust-bins, and securing a supply of pure water. These have been sufficiently dwelt upon by the medical authorities of the old school, and should be carefully carried out wherever possible. But the best sanitary measures will not always ward off the disease, and in a large town it is not always possible to secure perfect sanitary conditions were these even certain to avert the disease, which unfortunately they are not.

EXPERIMENTAL INVESTIGATIONS INTO THE
CAUSES OF DIPHTHERITIS AND THE PRAC-
TICAL LESSONS DEDUCIBLE FROM THESE—
AN UNSUCCESSFUL PRIZE ESSAY.

By CARL FRANZ DOMINIK VON VILLERS, M.D.

Preface.

THE author has thought fit to retain the words of the question proposed for competition as the title of his essay,

although in its composition this was not strictly attended to ; indeed, he has in the commencement of the essay ventured to criticise the title, which as a homœopathic practitioner he was bound to do. On this account also, the author before putting his pen to paper renounced all idea of gaining the prize offered by Her Majesty the Empress Augusta even should the judges, contrary to all probability, have agreed to allow the work of a homœopathic physician to compete.

The essay is printed just as it appeared in the manuscript submitted to the judges ; with only a few unimportant alterations, rendered necessary by the abandonment of its anonymous character, after the decision of the judges.

Subtilior et præstantior ea est scientia, qua, quod aliquid sit et cur aliquid sit, una simulque cognoscitur ; non separatim quod et cur sit.—ARISTOTELES.

Next to cholera, typhus and pneumonia, by reason of its very frequent occurrence and the greatness of its fatality over other diseases, hardly any disease more urgently demands from physicians and naturalists a more thorough investigation into its mode of origin, its course, and its pathologico-anatomical character than diphtheria.* This has been done with praiseworthy diligence, and the result is that the mode of origin and of propagation of the disease in question have been ascertained without doubt. The researches of Klebs, Pasteur, Tomasi, Cohn, and others, deserve the thanks of contemporaries and posterity.

But if we ask if any conclusions of use for therapeutic purposes have been drawn from these brilliant investigations, if they have enabled the practitioner to cut short the

* The author prefers the word diphtheria, which is adopted by many authors, for the reason that the Greek termination "*ιτις*" denotes inflammation of the organ to whose proper name it is affixed, whereas the appellation of the disease in question is derived from the word *διφθερεῖν*, to tan, and the affected organ is only understood not expressed, and the termination "*ιτις*" serves to indicate the process. So *διφθεριτις*, diphtheria.

course of the disease, to prevent its fatal issue or its epidemic spread, to mitigate the subjective sufferings of the patient, to ward off consequent morbid processes, in a word, to cure diphtheria, daily observation must give a negative reply.

The endeavour of physicians to deduce a plan of treatment from a knowledge of the thing to be cured, whilst they contented themselves with a very defective knowledge of the effects of the medicines employed for the cure, has always stood in the way of any fruitful progress of therapeutics. As often as the prevalent pathological view respecting the disease underwent a change owing to further researches, the plan of treatment founded upon it had to be given up, in order to make way for another which could not have a better foundation than its predecessor. Moreover the treatment based upon pathological knowledge, the chemical qualities of the medicines used being in many cases the sole qualities considered, after long-continued observation and comparison showed itself to be not much less injurious than the morbid process it was designed to cut short and render harmless. Thus we have recently seen in the medical periodical literature judgments pronounced by thoughtful and philanthropic physicians, which reject treatment directed to the local destruction of the micrococcus diphthericus as not only unsatisfactory, but as absolutely injurious.* Even in the case where the drug employed, to whose chemical qualities was credited the destruction of those microbes, in other words, the disinfection of the diseased organism, such as *Carbolic acid*, *Salicylic acid*, *Chlorate of Potash*, &c., was able to accomplish this object perfectly, still it could not be regarded as a perfect remedy, for its chemical action is not exhausted on the destruction of the morbid agent, but extends to the seat of the morbid process in the mucous membrane, and, contrary to the intention of the practitioner, by means of the blood-vessels and nerves inevitably sets up from this point abnormal reaction-phenomena, which, be they slight or

* Vide *Grundriss der Disinfectionslehre u. s. w.*, von Dr. Med. A. Wernich, 1880, p. 151.

severe, the patient must perforce take into the bargain. But still more injurious than the chemical and specific-dynamic qualities of the fungus-killing substances, is the loss of sleep caused by the frequent repetitions of inhalation, swabbing and gargling, whereby the resisting power of the affected organism is broken, the occurrence of spontaneous cure rendered difficult and in many cases impossible, and so the fatality of the diphtheric morbid process is increased; for restorative sleep is the *conditio sine qua non* for spontaneous cure. If we form an accurate idea of its evils, the advantage of the disinfecting treatment, *i.e.* the destruction of all the microbes at the seat of the disease, is questionable, even were it possible, which it is not. It is impossible to prove that the fluid employed in swabbing and gargling comes in contact with each individual fungus; and should it fail to reach even one single individual, in twenty-four hours this would have multiplied a billionfold by fission. But even granting that the microbes present at the seat of the disease are capable of being utterly destroyed, the spores would be unmolested in those media whence the diphtheritically diseased organism received them, and it may continue to receive them afresh as long as the pathological condition of the tissues involved, and of their secretions affords them the conditions necessary for their existence and propagation.

We cannot deny the existence of such a predisposition or liability to specific disease in human beings suffering from diphtheria, in discussing the factors to which the disease in question owes its origin in every single case. If we are to regard the micrococcus diphthericus as the only factor, we must admit the necessity of a simultaneous sickening of all the individuals in a limited population equally exposed to the morbid agencies in the atmosphere, the food, the clothing, &c., whereas the fact is that in ever so wide-spread an epidemic of diphtheria, only a minority of the population is, as a rule, affected. Now, as it is scarcely possible to get at the one factor within the organism affected with diphtheria, and utterly impossible to reach it in the media common to all individuals, it must be the aim of thera-

peutics to combat the other factor, *i.e.* the liability to specific disease in the human organism, in other words, to aid the diseased organism to attain immunity from the morbid agent.

Is this practicable?

Are there any facts which allow us to recognise the possibility of carrying out such a radical treatment?

Have any experimental investigations been made which have led by way of induction to the knowledge of something of supreme efficiency applicable in practice to each individual case?

Does our present knowledge extend to forces and laws of nature which help us to the physical explanation of natural cure in general, and to the cure (and prevention) of diphtheria in particular?

These questions are suggested by the point of view stated above. In the following pages their answer shall be attempted; but I shall not, as might be expected, reply to each question in a separate chapter, as that would lead to much repetition and make this essay intolerably long.

I shall premise by a historical account of my first acquaintance with epidemic diphtheria.

In February, 1864, my son, aged seven, a stout lad, physically and intellectually, after rising from his bed one morning, showed a want of liveliness and freshness. After school he gave a long recitation to his school-fellows in the court-yard of the school, the temperature of the air being a long way below freezing-point and the wind blowing strongly from the north-east. He evidently inspired more cold air than his young organism could warm by its own heat. So when he came home in the afternoon I heard the first complaints about painful feelings in the palate and throat. His throat presented the ordinary signs of angina catarrhalis: redness and swelling of the mucous membrane of the palate, fauces, and tonsils, with constrictive aching pain on swallowing, combined with dryness in the throat. At the next meal the patient ate little and made grimaces

whenever he swallowed. All this only in moderate degree. The most striking thing about him was the most unusual want of interest and depression. As after dinner he complained of headache, his temperature was increased and his pulse quick and small, I sent him to bed early. Believing I had an ordinary case of angina catarrhalis before me, I gave him *Belladonna* every four hours, as for years I have done in similar cases with success. For the first time this remedy failed completely, which was obvious after thirty-six hours, as the intensity of the symptoms appeared to be considerably greater and new ones were added, among which was a considerable swelling of the submaxillary glands on the left side. Sleep was disturbed at night, the patient tossing from side to side. There was complete anorexia, he could with difficulty be persuaded to take a few spoonfuls of beef tea. The usual stool was not passed, the urinary secretion was diminished. The pulse became quicker and smaller. Slight sweat occurred only in the upper part of the body, especially the front of the chest. There was considerable prostration. The swelling was larger, the mucous membrane bluish red, the tonsils, especially the left, studded with small yellowish points. There was remarkable fœtor oris and slight salivation.

I now substituted for the *Belladonna Mercurius solubilis Hahnemanni* which had previously always proved efficacious in such cases, especially when there were present fœtor oris and salivation. But this prescription was also useless. The next night was more disturbed than the previous one. The following day hoarseness came on, whilst the dirty colour of the confluent points of exudation had spread over the left arch of the velum palati and a portion of the uvula. I had never seen anything like this before. On the fourth night the respiration was much altered, the several acts of inspiration no longer occurred at equal intervals; they were at one time short at another longer, until at length there suddenly occurred an attack of coughing with distinct croup sounds. In the course of the next hours the cough came on in ever shorter intervals, during which the patient always anxiously raised himself up and clutched convulsively

at the counterpane. I thought I had to do with a complication with croup, which I tried to combat with *Iodine*, being of opinion that the laryngeal affection was the most important thing to attend to. I lost sight of the affection of the palate and fauces as I had to give up the inspection, because every attempt at it caused convulsive spasms of coughing and the patient resisted inspection with all his might. During the next two days the paroxysms of coughing diminished in frequency and severity, but this I ascribed less to the influence of the *Iodine* than to extreme weakness, for the respiration which was accompanied by a sawing noise was performed with ever greater difficulty, and was accompanied by increase of the opening of the fauces and visible movements of the normal muscles. After little more than three days employment of the *Iodine*, being myself physically exhausted, I knew not what to do, and anticipated the collapse of my poor child. Just as I was preparing with a sad heart to go on my morning round, one of my colleagues, Dr. A. Beck, came to see me, having heard that there was a case of serious illness in my house. I gave him a circumstantial report of the case, and with his assistance I made an inspection of the primary seat of the disease, which was now done more easily as the paroxysms of coughing had much diminished in intensity. The soft palate was throughout its whole extent changed into a greenish-grey, greasy, foetid mass, in which all the contours were lost. I returned to my study with Dr. Beck to consult over this state of things. He said he remembered in his studies having read in a book on medical jurisprudence of five cases of poisoning by *Cyanuret of Mercury* in which all had died in a short time. In all five cases there was found a necrotic destruction of the soft parts of the palate and fauces. He recommended a trial by way of experiment of this remedy, though it had not yet been proved; I begged him to undertake the case, as I felt myself quite unequal to it. I rushed with the prescription to the nearest chemist and got him to make me a sixth cent. dilution of *Cyanuret of Mercury*. In two hours I returned home, put five drops in a tumblerful of water and at once

gave the first teaspoonful to my patient. This dose was repeated every two hours.

The remainder of the day passed over without anything particular occurring. Towards evening, however, the patient fell into a quiet sleep, which had not been the case for several days, and he was but little disturbed during the night. Whilst it lasted I could only notice a change in the sound of the less frequent cough. It sounded more scraping than barking; the respiration, too, was more regular and noiseless. In the morning the patient awoke refreshed and wanted food. He got some beef tea and immediately fell asleep again. On inspecting the throat we found the contours of the soft palate distinctly visible. Some small remains of pseudo-membrane were to be seen. The mucous membrane exhibited no great degree of swelling or redness. The coating on the tongue was transparent, the temperature of the skin normal, the pulse strong, and nearly normal in frequency.

The remainder of the convalescence was completed in an astonishingly short time, the medicine being continued at longer intervals. Sleep, appetite, normal alvine evacuations and copious urinary secretion returned, and strength and plumpness were soon restored. In three days more the child bore no traces of his serious malady.

As this case was unique, we could not be sure whether it was one of spontaneous cure or due to the remedy employed. But we did not remain long in doubt. A week afterwards I met with a similar case in the family of a poor man who had just lost a child from diphtheria, where no medical treatment had been employed. When a second child, an ill-nourished, three-year-old boy, sickened in the same way, the parents sought my aid. I undertook the treatment under the most unfavourable hygienic conditions. My new patient was in close proximity to the corpse of the diphtheric child, which was only removed twenty-four hours later. He lay on a dirty bed on the floor, covered with dirty rags. When I arrived the mother had just been scrubbing the floor; the walls of the room were damp, a thick coating of ice encrusted the window. The diphtheria

was fully developed. The disease had been ushered in by prostration and headache. After a restless night there was pain on swallowing, no appetite, no motion of the bowels, diminished secretion of urine. I found the tonsils and velum palati covered with a yellowish-white pseudo-membrane, the tongue was coated with a thick yellow fur. The submaxillary glands were swollen and tender to the touch, the cutaneous temperature was irregularly distributed, the pulse small and scarcely to be felt, the prostration great; the voice was hoarse, no cough.

Taught by the experience of my child's case, I immediately prescribed the *Cyanuret of Mercury* in the above-named form and dose. After three doses at two hours' intervals, sleep came on and lasted all night. On awaking the patient wanted food. Inspection showed only a few remains of the pseudo-membranous exudation, which all disappeared in the next twenty-four hours. There was scarcely any stage of convalescence. In three days he was perfectly well.*

In view of the above-described bad hygienic conditions and the short duration of the disease, I could not doubt the fact of a cure by art. I had ample opportunity of confirming this impression during the enormous prevalence of the diphtheric epidemic in Petersburg in the following weeks and months. The cases that came under my care were very numerous, and I treated them all without exception with the *Cyanuret of Mercury*, with equal success, whilst all around, under the constant employment of *Nitrate of Silver* locally, and the frequent recourse to laryngotomy, the mortality was enormous. The plague

* Although my treatment might be considered as ended, I continued to visit the patient. On visiting the wretched house one afternoon, I found the patient sitting on the window seat, his back towards the window, which was covered with ice. I had him immediately removed to a more appropriate seat and reproached the mother for her carelessness. I was unable to repeat my visit until after the lapse of forty-eight hours, when I found him suffering from severe laryngitis with violent fever, which under *Phosphorus* was cured in two days, so that the child could be pronounced quite well. The observation of two serious diseases cured in this ill-nourished child, without leaving a trace behind them, convinced me of the power of art to cure diphtheria.

lasted through the winter and spring with undiminished violence; every week I had two or three cases, and up to the month of July of that year I had had to treat sporadic cases which occurred in the summer residences outside the town. Then the epidemic extension of the diphtheria declined, but there were frequent recrudescences of the epidemic in the following year, though limited in extent; even yet it is not quite extinguished. It became endemic as it did in other thickly populated places.

I may spare myself and my readers the further record of cured cases of diphtheria, as I have given my first two cases in such ample detail that the reader may understand my position. The course of the cure was the same in all cases, even those complicated with scarlatina proved no exception. After the first doses sleep came on, which in most cases was tranquil, seldom disturbed and then only for a short time. The only exception to this was in the case of hypochondriacal men and hysterical women, but this did not interfere with the other favourable progress. On awaking the patients wanted food (which was supplied in moderation), the act of swallowing became less painful, in some cases all pain ceased, the patches of exudation were mostly, in some cases completely, gone, the colour and size of the affected mucous membrane and glands were nearly normal, the pulse was increased in strength and diminished in frequency; normal fæcal evacuations soon occurred, the quantity of urine was increased. The doctor at his second visit was received by the patient with a smiling countenance. Perfect health was speedily restored after the disappearance of the last traces of the disease; there was no stage of convalescence worth mentioning, indeed, not unfrequently in children after the rapid cure of the diphtheria, there was observed a remarkable development of the whole organism. I never saw any after-affections. I never met with an extension of the diphtheric process on the mucous membrane of the respiratory organs, except in those cases where it was already present before treatment was commenced.

Such was the course of the cure of diphtheria by small doses of *Cyanuret of Mercury* as witnessed by myself and

others during nearly two decenniums in an immense number of cases. There were but few deviations from this course, and these were owing to accidental external influences or complications. I may relate a case which occurred to me in the third year of my acquaintance with diphtheria :

In the month of March I was called to see a man, aged forty, who was suffering from phthisis pulmonum consummata. The patient told me he did not expect any good result from my treatment, as he had long given up all hope of recovery. He only wanted to ask me if I thought he could return home alive after making a journey of several months' duration which he ought to undertake. If he were able to do this, and to make the required report to his employers, then should he die his widow would receive a considerable pension for her life ; whereas were he unable to do this she would be left in necessitous circumstances, and be thereby prevented from giving the children a sufficient education. I saw at once that if I decided against his journey that would do him harm, so I advised him to carry out his intention, and I gave him some dietetic and medical advice as to his treatment when on the journey. When I saw him on his return from his travels, I found that the journey had had a favourable influence on his health.

The decision he had made, and the consciousness of having fulfilled his duty, had proved an excellent remedy. As he went to reside in the country a good way from town I lost sight of him for some time, but in the middle of September I was urgently requested to visit him. Four or five days previously his debility had suddenly increased to a remarkable degree. He had febrile symptoms and complete anorexia. Believing as he did that his inevitable death was near, the patient would not at first consent to my being sent for. But he yielded to the persuasion of his friends, and put himself under the care of two local doctors, who, in order to combat the fever, prescribed *Quinine* in large doses. No importance was attached to the patient's complaint of difficulty in swallowing, as this had been a constant symptom in the past. But an

extremely disgusting fœtor of the breath which I noticed on coming into the room directed my attention to the mouth, in which I found on inspection a contourless cavity, covered with a large greyish-green exudation. Even the mucous membrane of the cheeks was coated with this horrible false membrane. The other symptoms of the patient pointed to a highly-developed diphtheric process. As I then always carried about me a small phial filled with globules moistened with the sixth dilution of *Cyanuret of Mercury*, without delay I could administer a teaspoonful of the solution, which I prepared with ten globules to the same number of table-spoonfuls of water. Expecting to hear next day that my patient was dead, I departed with the request that I might have a report sent to my house. As none came by the following evening, I concluded that my prognosis infausta had been verified. A week later I received a very effusive letter from his wife thanking me for having saved her husband's life. The night following my visit was passed in sleep so far as the cough permitted. Two days after the first dose the mouth and fauces commenced to clean, the appetite returned, and a considerable amount of strength was gained, which in the course of a week allowed the patient to pass a portion of the day out of bed. The phthisis pulmonum pursued its inevitable course. Three months after this episode the patient died calmly and easily.

If we consider the uselessness of the previous treatment with *Quinine*, and the far advanced period of the diphtheric process, together with the complication with the other incurable disease, which must have diminished the resisting power of the patient, this cure of the diphtheria in this case must testify in favour of the remedial power of *Cyanuret of Mercury* more than that of a case of simple diphtheria.

I remained five years after my first acquaintance with diphtheria in the same sphere of practice. The number of cases treated by me exclusively with the *Cyanuret of Mercury* amounted to 200, without a single death.

My excellent colleague, Dr. A. Beck, to whom alone belongs the credit of having suggested this excellent remedy,

did not long remain to assist me with his valuable support, as he soon afterwards went abroad with a noble Russian family, which I greatly regretted, as the other colleagues with whom I came in contact had no confidence in my recommendation of the *Cyanuret of Mercury*. I must, however, confess that they obtained a considerable success in the treatment of the disease by their employment of *Apis*, *Mercurius biniodatus*, *Nitric acid*, &c., and swabbing the throat with alcohol, though the duration of the disease under this treatment was longer.

I allowed five years to elapse before I ventured to publish the results of my treatment, and I was only induced to do so by the request of my friend and colleague Dr. Beck, the fortunate introducer of this successful treatment. He had the intention to read a paper on diphtheria and its specific remedy at the International Congress of Paris in 1877, and for this purpose he begged me to send him a report of my clinical experience, which I did. But unfortunately he could not obtain the necessary leave from his employers. A colleague to whom the reading of the paper was confided was unable to obtain a hearing.* This circumstance no doubt served to delay the knowledge of the treatment among homœopathic practitioners until quite recently.

The above may serve as a historical introduction to the followings remarks.

The first clinical trial of *Cyanuret of Mercury* was suggested by an accidental or designed poisoning. At the commencement of this essay, I asserted that besides a pathological knowledge of the thing to be cured, it was necessary to have correct therapeutics. From the above recorded pathologico-anatomical account we could not have drawn any conclusion referring to the therapeutics of the special case described had we not been in possession of a long series of methodically conducted pharmacodynamic experiments of an anterior date, together with a maxim deduced from them. Such are the pathogenetic drug-provings which led their initiator, Samuel Hahnemann, to

* Dr. Beck published in 1868, in Paris, a small pamphlet of twenty-four pages in French, *On the Use of Cyanide of Mercury in Diphtheria*.

his chief therapeutic principle. He called this the principle of similarity ; with what right will be shown further on.

But first I must show how clinical trials, in case such should be prompted by this essay, should be successful ; and this indeed is my sole object in writing it.

For the sake of greater clearness I resort once more to the historical domain.

Two years after the first announcement of the specific curative power of *Cyanuret of Mercury* in diphtheria, I had an opportunity of meeting several German colleagues, who, in the course of conversation, told me that in consequence of my recommendation they had employed the *Cyanuret of Mercury* in the treatment of diphtheria, but had not obtained the same clinical success. In spite of employing the *Cyanuret of Mercury* for eight days in their cases, they had observed the occurrence of diphtheric ulcerations which required *Hydrochloric acid* for their cure ; I do not remember if some of these cases ended fatally, but this is of no consequence. This important difference from my own clinical results led me to inquire what doses they had used. I found that they had employed the 2nd decimal dilution (1 to 9), and had given this in grain doses repeated every two hours. I then made this calculation : one grain of the 2nd decimal dilution contains $\frac{1}{100}$ th part of a grain of the medicine. This repeated every two hours makes, if we deduct some hours for sleep, on an average ten such doses per diem, consequently $\frac{10}{100}$ th = $\frac{1}{10}$ th of a grain, and in eight days $\frac{8}{10}$ th or $\frac{4}{5}$ th of a grain. Now, looking at the great intensity of the toxic action of this drug, from this quantity distributed over eight days, only poisonous effects, or at least a protraction instead of an involution of the morbid process, could be expected. I concluded that from these large doses they obtained the positive effect of the drug in place of the negative which is essentially the curative effect.

To this category belongs the observation made by the non-homœopathic Petersburg physician, Dr. Erichsen, which was recorded some years ago in the *St. Petersburg Medical Journal*. The author there recommends, as though

it were his own idea, the *Cyanuret of Mercury* as the most potent anti-diphthericum. He dissolved a very small quantity of the drug in a relatively large quantity of distilled water. The solution was equal to about the 3rd decimal dilution. Of this solution he prescribed a tablespoonful in rapid repetition. Under this treatment, as the author tells us, the disease had a very long duration, and the mortality, though very favourable compared with that of the ordinary treatment, was very considerable compared with my treatment, viz. 7 out of 25 = 28 per cent., so that it was not likely to induce others to adopt it. Erichsen's observations were published in 1880 in one of the principal medical periodicals of Germany (*Medicinische Central Zeitung*), which opened its pages to a reply by a homœopathic practitioner (Dr. Ohrt, of Essen). Although the writer expressly assures us it was not his intention to vindicate my claim to the priority of the recommendation of *Cyanuret of Mercury* as a specific remedy for diphtheria, still the reader of the short article could not be ignorant that I had felt it my duty to disclaim the credit of priority, and to give it to the person to whom it properly belonged, to wit, Dr. Alphonse Beck, at present residing in Monthey, Canton Valois. In connection with this I protested against the employment of ponderable doses, and endeavoured to lay down rational grounds for the administration of minimal doses. The editor to whom I sent my little manuscript refused to admit it into his journal.

A comparison of the clinical results of both kinds of treatment, the macrodoses and the microdoses, shows distinctly which method is the best. The microdosal treatment is shown by experience to be the most successful as far as regards diphtheria. But to one inclined to make clinical trials with *Cyanuret of Mercury* it might be difficult to accept the saying of Tertullian, "*credo quia absurdum.*" Therefore I feel myself bound to show the esteemed reader the necessity *a priori* of minimal doses of medicine for curative purposes.

In order to do this it is first of all requisite to enter on experimental investigations relative to the causes of

diphtheria. But first I make a few remarks concerning the causes of disease in general.

If we cast a glance at the totality of the universally distributed atmospherical-telluric causes (not to mention the psychical, which play but a minor part in the production of diphtheria), together with the various reactions on the part of the human organism which they induce, there are two things which occur to us: 1st, that of individuals exposed to one and the same morbid cause, some show no reaction at all; 2nd, that the modes of reaction of the others differ from one another. To the first of these propositions belong the epidemic maladies, which only affect a minority of those exposed to the same injurious influence. The second is seen when of ten individuals exposed to some accidental and transient injurious influence, such as being wet through by a pouring rain and experiencing a rude contrast of temperature, one gets a sore throat, another an attack of articular rheumatism, a third a sciatica, a fourth an intestinal catarrh, &c., whilst some escape without damage; whence we see that in addition to the exciting cause the peculiarity of the ailment is determined by some constitutional predisposition, or, to speak more accurately, a specific capability on the part of the organism of being morbidly affected. Hence the influence of one factor, the exciting cause, does not suffice to produce the morbid affection, nor to determine its specific character, so we can only attribute to it a relative power of causing disease.

We have therefore to distinguish relative causes of disease, which are almost innumerable.

On the other hand there are other, not so numerous, empirical circumstances. These are substances derived from the atmospherical-telluric sphere which display a power of causing disease, that bear the character of irresistibility. These we term poisons. Every substance belonging to this class of morbid causes excites the organism, provided always it is constitutionally disposed, to phenomena of reaction, belonging to the class of disease, each of which in its main features corresponds to the specific characters of action of the poisonous substance, which is not determined by the indi-

vidual specific disposition to disease inherent in the affected organism, or is only modified thereby quantitatively, not otherwise. To these substances we ascribe an absolute disease-producing power, and no second factor, such as predisposition, is required for the determination of the disease, which in this case is poisoning or intoxication. We call these absolute in contradiction to the relative causes of disease. Hence the idea "poison" is defined as an absolute cause of disease. I will give an example to illustrate this: on an autumn evening a sudden cooling of the atmosphere, which is laden with moisture, in conjunction with the ingestion of a quantity of fruit, causes many persons to be taken ill with symptoms constituting the disease we term dysentery, whilst a much larger number of the people more or less exposed to the same influences remain free from these symptoms, or are affected in a different way. If in a population of 50,000, in a limited time 2000 are attacked with frequent, slimy, bloody, non-fæcal evacuations, accompanied by violent colic and painful tenesmus, we recognise the prevalence of an epidemic of dysentery. On the other hand, if all the individuals in the population took a sufficient quantity of *Corrosive sublimate*, then not 2000, but 50,000, would be affected at the same moment and in the same manner with the above described characteristic phenomena, single cases among whom would present varieties in the degree of intensity of the malady.

The *Perchloride of Mercury* is the absolute cause of dysentery in contradistinction to the relative cause displayed in the autumn-weather constitution mentioned above, and this drug administered in a minute dose will, *cæteris paribus*, be the infallible remedy for the disease.

In a similar relation to one another stand the micrococcus diphthericus and the *Cyanuret of Mercury*, and it should be borne in mind that the latter, as the absolute cause of diphtheria, was known before the former, which in consideration of the numerical proportion of epidemic diphtherical cases is to be regarded as the relative cause of the disease.

But how shall a poisonous substance furnish the remedy

for a disease when we know that it produces in the (relatively) healthy human organism irresistibly, *i.e.* without the co-operation of another factor, reactive phenomena which are identical with those of the disease produced by relative causes?

It is absolutely necessary to answer this question if we would supply a basis consonant with natural laws for the "practical deductions" demanded by the thesis proposed for the prize essay.

This is not the place to give the genesis of Hahnemann's doctrine, which I take for granted is already well known in spite of the many distorted representations that are current respecting it. One thing only I cannot pass over in silence because it contains the experimental presupposition of what follows, namely, that Hahnemann, after he had instituted a pathogenetic proving of a series of medicinal substances on relatively healthy human organisms, and had found that the organic phenomena of reaction obtained therefrom stood in the most perfect relation of similarity to those diseases for which they had been empirically recognised as their specific remedies, deduced the existence of a law of nature, which was the rule of the curative process. After clinical experience, which taught him that the rarefaction of the substance of the drug was a condition for its curative effect, had proved its existence he formulated the law of similarity. Out of this has arisen a not altogether unfounded reproach made by both friends and foes, which owes its origin to a mistaken conception on his side. What sort of similarity Hahnemann had in his mind may be easily ascertained if we remember that he was fundamentally trained in a mathematico-philosophical school. He was a disciple of Lambert, who gave to logic a mathematical basis, and was one of the first who acknowledged the wonderful genius of Imanuel Kant. Therefore it could be only the geometrical idea of similarity which he had in his mind. This applies, among other things, to two triangles, which though having unequal lengths of their sides have identical angles, whereas two triangles that have identical angles and sides are termed congruent

because they cover one another perfectly. But in his *Organon*, when speaking of similarity, Hahnemann expressly insists on this congruence, for he only allows to be the specific remedy a medicine whose pathogenetic sphere of action *completely* includes those phenomena which constitute the object of cure. He would have done better to have borrowed the designation of the law of cure discovered by himself from the idea of congruence and to have called it the law of identity, for, in truth, the strictly contradictory antithesis that obtains between poison and medicine or remedy is only met within the sphere of identity. An excuse for this misconception lies in the circumstance that, when we compare the many accidents of two things with one another it is, without doubt, the similarity, the concordance of one or several of the accidents common to the two things, which first strikes us, and it is only by a prolonged and far-searching comparison that we recognise their identity, *i.e.* the complete concordance of the accidents common to both things, when that exists. In the sense usually underlying the common acceptation of the designation "similarity" the law of similarity can only be regarded and serve as a heuristic rule for the search for specific remedies; but it can never lead to the discovery and formulating of a law of nature, for there cannot be two things that have not at least one accident in common, *i.e.* which in the sense of ordinary language do not stand in some, however remote, similarity to one another. Therefore, when I speak hereafter of the law of similarity I beg the reader to understand by that term the law of identity.

Without this rectification or transformation, which I have proposed in Hahnemann's mode of expressing himself, the specific curative process is not susceptible of the scientific explanation which is possible by the law of polarity included in the law of identity. It was not until post-Hahnemannic times that it was ascertained that it is the law of polarity that regulates all the movements of organic life. The reactive power of the vegetable and animal organism in all stages of its development is dependent upon it. Had Hahnemann found this concep-

tion distinctly formulated, for which some of his illustrious contemporaries had, indeed, contributed the first hints, and had he been able to interweave them with all his own scientific thinking, his attempts at an explanation of the specific artificial curative process would have been more successful. But his critical penetration enabled him to divine the conclusion to which this knowledge must lead; and in the index to the *Organon* he introduces his attempt at an explanation with the modest words—"what probably takes place in the homœopathic cure;" still it may serve as a kind of sketch which may be filled up by means of the colours which the information we have acquired in recent times have supplied us with.

Hahnemann supposes that the very small dose of the remedy produces in the diseased organ a second artificial disease, which by reason of its greater strength supplants the natural disease, and thereupon, on account of the smallness of the medicinal dose, is easily overcome by the vital power.

The insufficiency of this explanation, which commences with a *petitio principii* and concludes with an obvious *contradictio in adjecto*, is quite evident, and requires no proof. But it would be at once rectified if we substitute for Hahnemann's supposititious "artificial disease" the term "artificial morbid cause." It is easy to understand wherein the "greater strength" of this consists, whereby the natural morbid cause is supplanted, when we remember the difference pointed out above, which divides the morbid cause into relative and absolute. We know that the latter has a much greater affinity to the morbid process, a stronger causal relation to its action than the former, the relative morbid cause, which we have seen to be unable to produce a specific morbid process without the presence of a second factor, the constitutional morbid predisposition or specific individual capability of being morbidly affected. If we keep this affinity in view we can understand that the single dose of the specific remedy selected according to the law of similarity, inasmuch as after its ingestion it encounters pre-existing pathogenetic

actions in the disease specifically identical with those of the medicine, obtains the significance of the actual cause of the disease to be cured, and it is in this character that it, by virtue of its stronger affinity to the pathological process present, dissevers from its connection the pre-existing relative morbid cause.

If Hahnemann, when he applied to the law of cure he discovered the term law of similarity, departed from the commonly accepted meaning of the word as we have seen ; when he attempted an explanation of it, he acted quite in conformity with the usual mode of speech, for he attributed to the minimal medicinal dose a disease-producing action, which it neither can nor should have.

When we have witnessed for a long time and in many cases the true specific artificial treatment of disease, have got over our first surprise, the mother of philosophical reflection, have become familiar with the gratifying spectacle of unexpectedly rapid cure, have got rid of prejudices which tend to obscure our judgment, and have thus been elevated to the position of passive recipients of pure knowledge, have, so to speak, lost ourselves in the sphere of observation, in such a manner as that the observing subject has become capable of acting as a true mirror of the object observed, we no longer require to ascribe to the artificial cause that sets in action the curative process, *i.e.* to the minimal dose, an action in the vulgar acceptance of the term. This attaches unconsciously to the word "action" the idea of positive action, which presupposes the factor—quantity. But as we, in conformity with Hahnemann's procedure, employ with complete success, for the cure of morbid processes of the most serious character, which threatened to run a long course, or even a speedy fatal termination, the smallest doses of medicine, respecting the quantity of which we cannot form any adequate conception, so neither can we form any conception of the positive action which we unconsciously attribute to the curative medicinal dose. As the positive action of pre-existent or still persisting causes we have the disease before us, the disease *is* ; in conformity with the wish of the patient, or of those around him, it is *not to be* ;

here language itself if we will allow it to speak, instead of dictating to it what it should say, lays down the postulate of the negative medicinal curative action. This is what Hahnemann has realised by the rarefaction of the medicinal substance, without having been able to find an appropriate designation for it, and by virtue of which the factor of quantity capable of causing a positive morbid action is set aside, whilst the factor of specific quality agreeably to the law of the infinite divisibility of matter is maintained, and proves the possibility of negative medicinal, which is potentially curative, action.

After the ingestion of the single dose of a remedy selected in accordance with the law of similarity, only three things are possible :

Either it increases the intensity of the morbid processes to the square, if by reason of its quantity it causes the positive action ;

Or it behaves itself indifferently, if its quantity hovers on the boundary betwixt the two poles ;

Or, lastly, it acts negatively, if that boundary be sufficiently overstepped in the direction of the negative pole.

Quantum non datur.

The cure by art is the negative, the undoing of the disease so to speak.

After this necessary digression I return to the special object of this essay.

It may be urged as a reproach against the accidental observation, which served as the experimental preliminary to the first employment of *Cyanuret of Mercury* for the cure of diphtheria, that it was not observed in a sufficient number of cases. But on the other hand there is this to be said, that the two substances that together make the salt in question, have already been singly subjected to a tolerably exhaustive pathogenetic proving. The character of the chemical combination does, it is true, necessitate the production of a new body with new physical properties which did not exist in the separate constituents of the salt ; it would seem, however, that this rule does not extend to the organic reaction caused by them, on which

physical and chemical laws have doubtless an influence, but are subject to the laws of organic irritation and are essentially modified thereby. A close comparison of recorded pathogeneses has shown that all bodies, whose constituents have been singly subjected to a pathogenetic proving, do not lose all their individual peculiarity when chemically combined in favour of this new combination, on which account my colleague and friend Dr. Beck, the initiator of the cure of diphtheria, to whom we are indebted for this knowledge, has differentiated the action into *isodynamic* and *metadynamic*. To the latter belong, for example, the weak non-basic acids which do not essentially alter the pathogenetic character of the basic body combined with them to form a salt, such as *Carbonic acid* in its combination with *Oxide of Iron*; on the other hand where this is combined with *Hydrochloric acid*, this impresses on it its peculiar pathogenetic stamp and thus displays its isodynamic power. Now if the chemical character of the *Mercury* as well as of the *Hydrocyanic acid* is distinguished by a marked substantiality, this will be still more apparent in their respective pathogeneses. But yet, without the help of the methodical physiological provings made by Hahnemann and his disciples on the relatively healthy human organism, the *usus in morbo* and the observation of cases of accidental poisoning, have revealed specific positive actions of both these substances which are the common property of all medical schools, from which, guided by the law of similarity, the therapeutic applicability of their chemical combination to the curative treatment of diphtheria might have been referred *a priori*. Thus no one doubts the local specific relation of *Mercury* (in most of its preparations) to the mucous membrane of the mouth and fauces together with the adjacent salivary and lymphatic glands, nor the character of central paralysis which is proper to the pathogenetic individuality of *Hydrocyanic acid*, by which both these substances when chemically combined assert their isodynamic power. Who can fail to see the specific concordance of these two pathogenetic characters of action conjoined into one in the *Cyanuret of Mercury*, with the

diphtheric morbid process, in which two pathogenetic elements occur in combination; a vegetative attacking the mucous membrane and glands, and a neuroparalytic to which the fatality of the morbid process is owing?

Five identical and simultaneous observations will suffice to show the homœopathic therapeutic relation of *Cyanuret of Mercury* to diphtheria. The former stands to the latter as the absolute cause to the inevitable effect.

This relation, which I hope I have clearly proved, postulates the necessity of minimal doses. In proof of this I would refer the reader to the comparison of the results obtained by myself and those obtained by others who have employed more massive doses of the medicine in question. I would intreat all those who are inclined to make a trial of the treatment to use only my diluted doses. If more massive doses of *Cyanuret of Mercury* should come into general use, as seems to be the tendency if I may judge by the cases published in our periodicals, it is to be feared that a remedy which has succeeded in innumerable cases may be discredited and fall into disuse.

If I have failed to show convincing scientific reasons for the treatment I recommend, yet the success obtained by it renders it worth trying. This reminds me of what Hahnemann said to the medical world when he published an account of his method:—"I do not ask you to believe me, repeat what I have done, but repeat it exactly."

I have now to speak of "experimental investigations" which I made on the diphtheric patients treated by me—not, as some might suppose, to their disadvantage.

The following circumstances led me to make them:—Some physicians who have given in their adhesion to the Hahnemannian doctrines and have adopted them in their practice, have not advanced beyond the idea of the positive action of medicines, and hence prefer almost exclusively the lower degrees of the Hahnemannian rule of rarefaction, to the higher and highest potencies, whilst others after having at first considered themselves bound to follow the posological directions of the master, have afterwards confined themselves to empirical facts that were in favour of the supe-

riority of extremely attenuated medicinal doses. I have not considered it right to keep aloof from the disputes raised on this subject. After having employed the theoretical weapons, briefly set forth above, with but little success, I set about collecting statistics relating to the treatment of diphtheria, whereby the controversy might be settled. When I had observed a sufficient number of cases to assure me of the specific character of the *Cyanuret of Mercury*, I abandoned the dose I had hitherto used and gradually went beyond the sixth dilution. In this manner I got up to the thirtieth dilution and remained there, having only gone beyond it on one occasion. The result of my investigations was to convince me that the higher the dilution the more precise was the curative, or, as I have termed it, the negative action of the medicine. Since I have adopted exclusively the thirtieth dilution, I have observed that the diphtheric exudation disappears in a somewhat shorter time than with the sixth or twelfth; but, on the other hand, the appearance of the patient ten or twelve hours after taking the first dose of the higher dilution is unmistakably improved. The stage of convalescence, too, is diminished to the shortest, but even were there not the slightest difference observable in the effects of the sixth and thirtieth dilutions, the latter is to be preferred, because if the smaller quantity suffices, it is not advisable to employ a superfluity.

The advantage of the microdosal treatment of diphtheria by *Cyanuret of Mercury* may be summed up as follows:

1. The commencing involution of the fully developed morbid process usually shows itself twelve hours after the first dose by a diminished extension of the exudation, the decline of the subjective symptoms of deglutition and of the headache, increased strength and diminished frequency of the pulse, increased urinary secretion, sleep, appetite, cleaning of the tongue, normal stools, equal distribution of moderate cutaneous temperature and slight action of the skin, and the physician can see the improvement in the altered expression of his patient as soon as he enters the room. Betwixt the evening and the morning a serious

disease has changed into a trivial ailment which scarcely requires any further medicinal treatment.

2. In order to get rid of all objective and subjective symptoms a period of twice, seldom thrice, twenty-four hours is required.

3. The *stadium convalescentiæ* is quite insignificant in length.

4. The occurrence of consecutive diseases, even those of of a parietic character, is avoided.

At the commencement of the treatment I give the appropriate dose every two hours; after involution has set in, every four hours; when the recovery is assured, thrice or even twice a day. But from one observation where the patient only took one dose of *Cyanuret of Mercury* 30 before my second visit, whereupon the involution set in just as well as when the medicine had been taken every two hours, I imagine that I may have been in the habit of giving the medicine with unnecessary frequency. This would justify the recommendation of Hahnemann not to repeat the dose as long as the curative action of the first dose is going on. To determine this point experimentally, however, demands the continuous observation of concrete cases, which can scarcely be done in private practice; for this the practice of a public hospital would be required.

For prophylactic purposes I consider it sufficient to give a daily dose of the 30th dilution of *Cyanuret of Mercury* as long as danger of infection exists. By this means I have succeeded in limiting the disease to the one case to which I was called in, in poverty-stricken, unhealthy abodes abounding in children, among whom all sorts of constitutional maladies were rife. But private practice is insufficient to provide the material for a decisive experiment. Thus it was only by Dietl's extensive experiment in the Vienna Hospital that Hahnemann's verdict against blood-letting in inflammatory disease could be statistically confirmed.

The conclusion leads me back to the subject mentioned at the beginning of this essay.

By the "practical deductions" demanded by the terms

of the prize thesis I understood those relating to therapeutics (and prophylaxis) whereby populations threatened by the dreaded calamity may be protected. An extensive and profound knowledge of the disease is indispensable, and we and posterity are greatly indebted to the investigators who have helped us to this, but I think I have shown that experimental investigation of the positive effects of medicine is equally if not more necessary, and this necessity has been pretty generally acknowledged in recent times, and has led to a revolutionary reform of the *materia medica*, which has engaged the services of a large number of investigators. The historical part of this essay shows that we have succeeded in combating and rendering innocuous the diphtheric morbid process, although we were not provided with any pathological knowledge of its nature. If our knowledge of the remedy was at the same time one-sided and incomplete, it was sufficient for the concrete case that presented itself. The fact of a cure by art of diphtheria had long been familiar to us when we were made acquainted with microbes in general and with the micrococcus diphthericus in particular, as the cause of the disease. This circumstance throws a strong light on those sources of help to which therapeutics must have recourse in order to arrive at the desired practical results. I must here recall attention to the doctrine belonging to pathology above mentioned, which treats of occasional and constitutional causes of diseases. When the indication is drawn from the knowledge of the parasitical micro-organism that the local destruction of the latter should be undertaken, the treatment based on this is directed solely to the occasional cause of diphtheria, which on account of its ubiquity withdraws itself from medical skill, and in doing so leaves the constitutional morbid cause entirely out of sight, but it is just this last against which the special treatment is directed, for it substitutes for the disease to be cured the absolute cause of the latter which is completely under the control of the physician, so that the medicinal dose may be regulated with accuracy by means of a simple technical process. The successful performance of prophylaxis rests on the

same principle; leaving to itself the inaccessible occasional morbid cause it deals with the constitutional cause, and ensures to the organism immunity from the infection that threatens it.

Before concluding I must in the interests of truthfulness allude to two cases which under my sole treatment terminated fatally.

These two cases make the statistic account of my treatment of diphtheria with *Cyanuret of Mercury* show a mortality of scarcely 0.666 per cent., which is about as favourable as could be imagined. One of these cases serves to place not only the vis diphtherifuga of this remedy but also the dynamico-potential power of specificity in general in an even clearer light than successful cases.

This one case was that of a girl of ten years, who, when I first saw her had been already three days ill. The well-known local signs of diphtheria had consequently had time to develop themselves to a great extent. This circumstance alone would not have caused me to make an unfavourable prognosis; but what struck me at my first visit was the vanishing smallness and emptiness of the pulse together with indistinctness of the heart's sounds and excessive quickness of its action. My second visit furnished me with the key to this phenomenon. On my arrival I observed that the patient had lost blood from the nose, and on inquiry I found that since her sixth year, consequently for four years, she had been subject to frequent attacks of profuse epistaxis that could with difficulty be subdued. When, contrary to my custom and principles, I was searching for some remedy, in addition to the *Cyanuret of Mercury*, to meet this serious complication, there occurred on the third day of treatment the spontaneous expulsion of a nasal polypus the size of a hazel nut, whereupon the hæmorrhage entirely ceased. Thereupon under the sole use of the thirtieth dilution of *Cyanuret of Mercury*, the cure of the diphtheria went on more rapidly, and on the fifth day of the treatment the treatment could be considered as ended. Sleep and appetite were satisfactory, but all the

signs of a high degree of anæmia persisted, which, as the *Cyanuret of Mercury* seemed to me to be now superfluous, I sought to meet by *China*. In the meantime the younger brother of the patient also got diphtheria, and I thus had the opportunity while seeing him daily to keep the sister also under observation. The appetite which had just begun to revive, went off after twenty-four hours, whether in consequence of some error in diet, I could not ascertain. Fever again made its appearance, accompanied by nausea, headache, and pain on swallowing. On inspecting the throat I was astonished to find a recurrence of the local diphtheric symptoms. I of course changed the *China* for *Cyanuret of Mercury*. Under the exclusive use of the last-named remedy the local as well as the general symptoms of diphtheria again completely disappeared after the unusually long period of another five days, but left behind profound apathy with complete absence of pulse. The appetite did not return. In two days more the patient died under my eyes; during this time I sought in vain for any revival of the pulse and heart's beats.

On carefully considering the course of this disease, of which I have only given the main features, I must ascribe this fatal issue not so much to the two attacks of diphtheric morbid process, within twelve days, as to the effects of the anæmia resulting from the epistaxis of several years' duration. The case at the same time shows the irresistible curative power of minute doses of *Cyanuret of Mercury*.

The next case is different. At my first visit to the patient whose case I have just related, I spoke to the mother of the extremely unfavourable hygienic situation of the apartment. It was the first story of one of the oldest and smallest houses in the narrowest street in the town. The back windows looked into a small, dark, and fœtid courtyard. The air one breathed gave one the impression of a cellar. The little brother, aged 7, had from his first year been affected with hard swellings of his submaxillary and cervical glands. I directed that he should smell daily at *Cyanuret of Mercury* 30, and though he made no complaints, his mother, finding him in the way, sent him off to

some relations outside the town. But scarcely had the girl recovered from her first attack of diphtheria when the mother brought the boy home again. He had no sooner got away into the country than he fell ill, and insisted on being taken back to his mother. When I got him under my care the diphtheria was in the fourth day of its development. The infiltrated glands had increased to a great size, and caused him such pain to open his mouth that it was impossible for me to make an inspection of his throat, so violently did he resist. An overpowering *fœtor oris* told what was the matter. There was enormous salivation of a corpse-like odour which filled a large basin one-third full in twenty-four hours, and entirely prevented sleep. It was impossible to get him to take either food or drink, and even the globule of medicine placed within his lips was ejected with a splutter. The fever was proportionate to the severity of the other symptoms. For the first time since my acquaintance with diphtheria I failed to notice after twenty-four hours any effect from the *Cyanuret of Mercury* indicative of amelioration, but the obstinate resistance of the patient makes it doubtful if he really got any of the medicine. In a wonderfully short time the glands swelled to such a monstrous size the patient's skull resembled the dot on the letter i. Death occurred on the 3rd day of the treatment, the 6th or 7th of the disease.

The father of these two children died in the prime of life of syphilitic pleurisy and mercurial dyscrasia, and nine of the brothers and sisters succumbed to children's diseases. Such cases show the limits that are set to the healing art.

THE BRITISH MEDICAL ASSOCIATION AT
LIVERPOOL.

By JOHN H. CLARKE, M.D.

WHAT is the *raison d'être* of the British Medical Association? It would appear to be twofold. One main object of the existence of the Association is clearly the making of speeches from time to time setting forth that the profession is endowed with all the cardinal virtues—and a few others—in a degree far surpassing all other professions; that, in spite of this, in our once happy islands this right worthy body labours under grievous disabilities and wrongs; that in the House of Commons it has few representatives, whilst in the House of Lords—the home of nobility—the profession which all the world allows is “noble,” has no representative at all! The other and scarcely less important object of the Association is, as it appears, to formulate from year to year the *feelings* of the dominant section of the medical profession in Great Britain on the subject of homœopathy, and to draw up rules for the guidance of the members of the Association as to how they ought to behave themselves towards those who have tried and proved the value of Hahnemann’s rule.

It will be seen that either of these objects forms in itself a sufficient reason for the Association’s existence, and in itself affords occupation of a never-ending kind. The chief pontiff of the Association who pulls the wires and conducts the organ, need have no fears of his labours being brought to a premature close.

Before fixing our attention on the Liverpool meeting and showing how well these two objects were there kept in view, it may be advisable to recall the principal incidents of the two previous meetings. It will be remembered that at the Ryde meeting in 1881, Mr. Jonathan Hutchinson and Dr. Syers Bristowe—two of the largest-minded men in the profession—and with them, though somewhat less decidedly, Mr. Barrow, had the courage to propose that the

conduct of members as regards homœopathists should be regulated on broad principles of common justice and common sense. Needless to say, their advice was rejected with scorn, and their presumption condemned in no measured terms. The following year, at Worcester, the President, Dr. Strange, after duly setting forth the "nobility" of the profession in general, and of the Association in particular, and the high degree in which "the great christian virtue" of "liberty" was possessed by the latter, proposed that a High Court of (medical) Equity and Ethics should be founded to decide the question of homœopathy and other matters on principles more in accordance with British Medical sentiments than those advocated by Mr. Hutchinson and Dr. Bristowe. It was accordingly resolved that measures should be taken to render it impossible for a *professing* homœopath to enter the Association. Honesty and candour were to count for nothing; members of the profession notorious for their belief in the law of similars, and their adherence to it in their practice, were to be welcomed as previously, provided they were too cowardly to acknowledge their belief. But this was not enough for some zealous British medicals. There were *professed* homœopathists already in the fold. It was proposed by a Mr. Nelson Hardy that the fact of their being homœopathists should of itself disqualify for membership. This was objected to by Mr. Husband of Bournemouth,—not because he loved homœopathy or common justice, but because he loved and believed in neither. The proposal of Mr. N. Hardy, he thought, would have the effect of causing expelled homœopathists to appeal to law, *and for aught he knew the Lord Chief Justice might be a homœopath*, and then, according to British Medical ideas of justice, the Association could not expect to receive fair play from the British Judicial Bench! Mr. Hardy's amendment was therefore lost.

But Mr. Hardy's soul did not find peace. The rejection of the amendment was an ignominious sacrifice of bigotry to expediency; and in the British Medical Association this was a disgrace not to be endured. Bigotry

must reign there supreme, or the character of the Association would be gone. So felt Mr. Hardy, and his wrath slumbered. At Liverpool the opportunity arose, and his feelings once more found vent. Matters then stood as they were left at Worcester,—every precaution being taken to keep the homœopathic wolf out of the fold of the timid British Medical sheep. A new bye-law was now proposed relating to the election of members, but leaving the before-mentioned precautions still in force. The bye-law contained this clause:—"Provided that the power of such Branch Council shall only extend to the election of male persons." Here was Mr. Nelson Hardy's chance. He proposed to amend the bye-law by inserting after "male persons" the words "not practising homœopathy nor advertising." The "judicious" Husband, whilst he feared homœopathy very much, feared advertising still more;—especially advertising homœopathy. He "thought it would be undesirable to do anything to advertise homœopathy or make it more powerful than it was." "For himself, he would leave homœopathy to the contempt of all well-regulated minds. Having thus relieved his conscience, [what a delicate conscience he must have!] he should vote against the amendment." Thereupon all these "well-regulated minds" commenced to "discuss" the point. The *British Medical Journal* does not describe this discussion and so the *Liverpool Mercury* shall do it for us:

"At this point considerable uproar was caused by members trying to obtain the ear of the chair against the wish of a large section of the meeting, who clamoured for the suppression of the discussion and an immediate vote. The noise was intense in spite of the efforts to preserve anything like a semblance of order. A member of the committee came forward and said, 'Gentlemen, are you going to disgrace yourselves by misbehaving in a public meeting and disobeying the chair.' This appeal was responded to by loud cries of 'Chair,' and hissing, which was directed against Dr. Gilbert Smith (London) and Dr. O'Connor, the former stationed underneath the gallery, and the latter in the gallery, both of whom were in vain endeavouring to obtain a hearing. In the midst of considerable disorder, the Chairman

said, 'I am in the hands of the meeting,' to which several gentlemen replied, 'and the meeting supports you.' The Chairman then said, 'The meeting says "Vote," and I put the amendment.' ('No, no,' and 'Yes, yes.') A great tumult prevailed during the show of hands, which resulted, according to the ruling of the Chairman, in the amendment being lost. He then asked for a show of hands in favour of the clause in its original state, whereupon

"Dr. GILBERT SMITH, who had several times essayed to speak, said, amid continued uproar—'I propose an amendment to the resolution as you now put it. It is that this meeting be now adjourned, seeing that the business has hardly been conducted in a manner consistent with the dignity of the Association.' ('Hear, hear,' and laughter.)

"Mr. WALTER RIVINGTON (London), who had several times risen to a point of order and was as frequently refused a hearing, seconded this proposition.

"Dr. FITZPATRICK asked the Chairman to put it to the meeting whether the gentlemen named, and others, should be allowed to address the meeting or be turned out. (Laughter and uproar).

"Dr. W. B. ROGERS (London) said they had patiently listened to a speech from the last speaker, and it was unfair to endeavour to put down those who differed from him. It was a disgraceful thing that a body of gentlemen should form a clique to stop others from speaking on a subject which was interesting to all.

"Dr. O'CONNOR said the practice of discussion in the House of Commons was to allow any member to speak to an amendment. Why had the Chairman refused to allow Dr. Gilbert Smith to speak?

"The CHAIRMAN said it was the wish of the meeting that they should not hear him.

"Dr. O'CONNOR continued speaking, but owing to the loud cries of 'sit down,' and the noise caused by a number of gentlemen leaving the meeting abruptly, his observations were inaudible.

"The CHAIRMAN asked the meeting whether it was their pleasure to hear Dr. Gilbert Smith, who was still standing, and the meeting responded with cries of 'No' and 'Yes.'

"A member in the gallery created laughter by remarking 'I beg to move that this house do report progress.'

"Ultimately another vote was taken, and the rule as it stood was declared to be affirmed by a majority of the meeting."*

And now we will hear the comments of another Liverpool paper, the *Daily Post* on these proceedings of the "well-regulated minds."

"But the doctors seem quite incapable of rational discussion. Impatience has been their principal characteristic all the week during the business of the sections. Umbrellas must have been worn nearly to the stump in drowning the voices of speakers,

* In the course of this discussion, as reported (though not *described*) by the *British Medical Journal* of August 4th, Mr. John Dix, of Hull, said that "there was an old bye-law that every candidate for membership should sign a declaration that he was not a homœopath and did not intend to become one, and no one could explain why the law had fallen through." The explanation is simple enough, though none of the leaders of the Association saw fit to enlighten Mr. Dix and the meeting on the point. To have done so would have involved the confession of humiliation, and the Association cannot afford to be straightforward at that price. At the notorious Brighton meeting of the British Medical Association, where homœopathy was solemnly cursed by bell, book, and candle, the anathemas of this great liberal body were crystallised into the precious "law" referred to by Mr. Dix; and when, soon afterwards, the Association applied to Government for a charter of incorporation the Brighton law appeared among the other rules and regulations submitted by the Association to the Board of Trade. The gentlemen composing that Board, not being medical men, at once saw the injustice and absurdity of the law, and struck it out bodily, refusing to grant the charter unless it were surrendered. The Association ate the leek with as much relish as may be supposed, and got its charter. That is why the "old bye-law" has fallen through, and that is why the Association is reduced to adopting all manner of circuitous and underhand expedients for keeping homœopaths out of their fold in place of directly expelling them, or refusing them admission. To do this would be to forfeit their charter and all the rights it conveys. Mr. Husband was quite wrong when he said the Association "had a right to exclude anybody." It could not exclude even himself were he to turn homœopathist unless he had violated the laws in force under the charter. A simple explanation of this fact would have put a speedy end to the vapourings of the Husbards and Nelson Hardys, and have saved the meeting from resolving itself into the above-described pandemonium; but then it would have been the more honourable and straightforward course to have adopted, and consequently a violation of all the most cherished traditions of the British Medical Association.

while exclamations indicative of great rudeness and little wit have interrupted almost every member who tried to express controverted ideas to the meetings. Such incidents as these very much lower the tone of the proceedings, and tend to injure the reputation of the Association. Row and tumult are bad enough when the perpetrators of such inconsiderate demonstrations are medical students or undergraduates; but in representative men of maturity, holding up the honour of a noble profession under the close observation of a great and quick-witted community, these escapades are egregiously foolish and unpardonably out of character."

These observations, we are told, produced "annoyance and regret."

The secretary of a section wrote to the editor pointing out that it was "only" at the general meeting where "important and much debated points on medical politics were brought forward" that such scenes occurred, and that the general meetings are only "a small and comparatively unimportant" part of the business of the Association. The editor appended to the letter this forcible remark: "We submit that the more difficult and delicate the business in hand, the less are disturbances and umbrella stamping in place at the meetings of a learned society."

Previously to the meeting of the Association, the Liverpool Homœopathic Medico-Chirurgical Society published in the Liverpool papers the following able and vigorous protest against the attitude and conduct of the Association towards homœopathy and its professors:

"We beg to enter a public protest against the illiberal conduct of the British Medical Association, about to hold its annual congress in Liverpool. For many years it has carried out a policy of hostility to homœopathy and homœopathic practitioners, by a law excluding all such practitioners from membership, and has endeavoured to the utmost of its power to destroy a system of medical treatment founded on a principle admitted by all, and which is as old as Hippocrates. This principle, whilst holding a place in medicine from that time till now, was not greatly

developed till Hahnemann arose, and by his labours and genius revived and extended it till it assumed proportions that had not been anticipated in the ages before him. Those who have studied it and adopted it as their chief rule of practice have found it to cover by far the largest portion of ordinary medical practice, and to be the most efficacious means of curing disease. The homœopathic school has grown till its practitioners are counted by hundreds in this country and by thousands in America. In London alone there are over a hundred, and, in addition, some thirty homœopathic chemists. Homœopathic medicines and books are to be found all over the civilised world, and at home there is scarcely a family where the system is not known. Yet in the latter part of the nineteenth century, and in the midst of liberal-minded England, a self-constituted body of medical men, forming the British Medical Association, close their doors against those who do partially, but not altogether, agree with them as to the best method of treating disease. In medicine, if anywhere, the rights of minorities ought to be respected. An essentially imperfect and progressive science like that of medicine is in no position for assuming the functions of a dominant and intolerant church, and visiting differing opinions with the punishment of heresy. To do so is to assume an unwarrantable and illogical position, and to injure its own cause, for progress in medicine is only possible by the interchange of different opinions in order to elicit the truth; and we believe the conduct of the Association has very materially retarded its scientific progress. The suppression, or attempted suppression, of adverse opinions in medicine, by mere force of numbers instead of by the legitimate means of modern science—argument and experiment—is unworthy of the members of an enlightened profession. It would be an error to condemn every member of the Association for its legislative action as a body, for there are a few liberal-minded men amongst them—and they are chiefly of the higher professional ranks—who counsel fair and honourable dealing with their colleagues of whatever shade of opinion. But hitherto the dead weight of the rank and file of the profession has been against them, and the Association has thus laid itself open to the charge of acting in the spirit of a trades union of the narrowest type. So long as their *Index expurgatorius* includes all homœopathic literature, and the comminatory clauses

against homœopathic practitioners are standing in their statute book, they will give a point blank denial to the oft-repeated assertion that medicine is a liberal science.* As the allopathic journals are closed to our remonstrances, we are obliged to have recourse to the public press; and this protest is sent in the hope that a wholesome public sentiment may influence the future proceedings of the British Medical Association, and bring them more into harmony with the higher professional feeling and with the spirit of the age."

How far this weighty protest—for which our colleagues are deserving of the warmest praise—was successful in producing a "wholesome public sentiment" in the "proceedings of the British Medical Association," the previous quotations will sufficiently show. Our colleagues made one grave mistake—they appealed to the *reason* of the members of the Association. So far as the protest was intended for the Liverpool public that was quite right; but the Association has already made up its mind that a profession of a belief in homœopathy is highly objectionable, and the very last thing the Association cares to do is to *reason* about it or to listen to the reasoning of anyone else. All it cares for is to find adequate expression for its *sentiments*—such as they are!—to make it as uncomfortable as possible for all those who profess homœopathy, and at the same time to do nothing that shall indirectly advance the system. Whether or not homœopathy is true is no concern of theirs—hence the uselessness of appealing to their reason. Homœopathy is tabooed, and for these gentlemen that is quite sufficient. How far the sagacious critic of the Lord Chief Justice was satisfied with his attempt to save the Association from "advertising homœopathy," we must leave his own conscience to answer. The verdict of the Liverpool public was emphatically *not* on the side of Hahnemann's traducers.

The other—the self-glorifying—function of the Association was ably performed this year by Dr. Waters, of Liverpool,

* The law excluding homœopaths is, as stated in the note, p. 370, no longer on the statute book, but its purpose is answered by the rejection by the electors of every candidate suspected of homœopathic proclivities.

the President. According to the *Standard's* report of the proceedings, his inaugural address closed as follows :

"And amongst the many changes which revolving years would bring, might they not hope that . . . there would come a fuller recognition of the claims of its members to some of the higher honours of the State? The presence of medical men in the House of Lords would strengthen the powers of that House and beneficially influence legislation. But if the results to which he has alluded were to be realised, then must all unwise legislative restriction on the work of the physiologist and pathologist be withdrawn; then must all measures which fettered the action of the original investigator be removed; and he trusted that by the labours of the Society, which had been established for the cultivation of medicine by original research, a more enlightened public opinion would be formed, which would aid in bringing about these results." (Applause.)

The modesty of all this is sufficiently self-evident, requiring no comment. "Our Old Nobility" must feel deeply honoured by such flattering attention paid them by the self-chosen representatives of the "noble" profession. How eagerly they will welcome the first batch of medical peers as a "tonic"—if they believe Dr. Waters—to the failing powers of their House! On the other hand, when once Lord Purgem, Lord Vaccine and Lord Vivisect are seated on its benches homœopathists and the *profanum vulgus* may look to it. The former, on confession of their hated belief, will be compelled to quit the realm, and the latter must submit without question to be treated according to the teaching of the schools. No paltry excuses of conscientious scruples will be allowed to interfere with the doctors' mandates. Re-vaccination every few years will be made compulsory, and a dozen other vaccinations *à la Pasteur* will be enforced. Crochet-mongers will be ruthlessly suppressed; and no cant about morality will be allowed to interfere with any proceedings which the medical profession shall decide to be *necessary*. The golden age of medicine and science will have come.

The British Medical Association has a future before it!

REVIEWS.

On the Nature and Propagation of Asiatic Cholera. By
W. WAKEFIELD, M.D. Paris, 1883.

THIS is a translation of the author's thesis for the M.D. of Paris, and is a good *résumé* of the current doctrines relative to the nature and mode of propagation of cholera. The theory as to its origin most favoured by the author is that it is caused by a parasitic organism of low type, several varieties of which have been found in the evacuations both upwards and downwards. He says that this theory was first promulgated by Boehm in 1838, but this is not correct; for we find that Hahnemann in 1831 ascribed the origin of cholera to minute living organisms, and it was on this theory he founded his camphor treatment. Our author, while not distinctly asserting that this contagium vivum of cholera can be spontaneously germinated outside the body, holds that the germs or spores of the contagium thrown off by the evacuations may be developed into a more advanced stage by certain conditions of soil, filth, and moisture. The spores as they are given off by the evacuations are not, he says, capable of giving the disease, for the evacuations of patients have been swallowed with impunity. (This is of course a merely negative experiment, for the experimenters may have been insusceptible to the disease as so many are who live within the area of infection.) They have to undergo a further stage of development outside the body before they are capable of causing the disease. When developed to the requisite degree the contagium vivum may be conveyed by air, water, or fomites—such as bedding, towels, clothing, or the like.

The author gives several striking instances of the cholera contagium having been conveyed by the wind, by a draught of air, and by a dust storm.

Dr. Wakefield's pamphlet is interesting and instructive. The author has evidently had in India considerable experience of the disease, and his opinion as to its origin and mode of propagation is worthy of attention. We wish his grammar were deserving of equal laudation. In this respect, however, he is rather weak, not being apparently aware that a plural noun requires a plural verb and corresponding pronoun. Thus such phrases as "there exists certain low organisms," "the infective influences of choleraic discharges attaching itself," "germ-bearing excreta spreading itself," "this same phenomena was observed," "the dejecta undergoes," "the sources from whence the natives of India draw their supply of this necessary article has," "ordure and refuse of every description is," "the same influences which causes," are somewhat at variance with the time-honoured rules of Lindley Murray.

The Prophylactic Power of Copper in Epidemic Cholera.

By A. DE N. WALKER, M.D. London: 1883.

In this pamphlet Dr. Walker has collected a number of instances of the prophylactic power of *Copper* in cholera, a power which was known to many before Hahnemann, and which was corroborated by Hahnemann.

The mode of preparation of the metal for administration advised by Dr. Walker is quite different from that described by Hahnemann, or from the method followed in the British and American Pharmacopœias, but resembles that recommended by Buchner in his *Hom. Arzneibereitungslehre*, namely, by precipitating the metallic copper from a solution of the sulphate by means of honey. For prophylactic purposes he advises the giving every morning and night three drops of a mixture of the 3rd and 6th decimal

attenuations and wearing a copper plate across the abdomen eight and a half inches long by five and a half inches wide, which is surely needlessly large.

Essai sur les Hématocèles Utérines intra-péritonéales. Par
Le Dr. M. JOUSSET, ancien interne des hôpitaux de
Paris et de l'hôpital des Enfants-Malades.

It is with sincere pleasure that we welcome Monsieur Jousset *fils* to our ranks as a combatant, and to our literature as a contributor—*patris digni, dignus filius*.

Dr. M. Jousset, in a thoroughly readable pamphlet of 170 odd pages, gives a most admirable and exhaustive *résumé* of the literature of intra-peritoneal hæmatocele. The pathology of this very interesting and important subject is especially well treated, and as this form of hæmatocele is usually fatal* the opportunities of working out its morbid anatomy are naturally most favorable. On this account we must not find fault with our author that he devotes so notably small a space to "treatment," for of over 170 pages only seven are given to the consideration of curative or palliative measures.

At the head of these Dr. M. Jousset rightly places "rest," then he proceeds to speak of "*Opium*," recommended in the form of pilules of the first centesimal dilution, or preferably in certain cases, hypodermically, in the form of *Morphia*.

The use of ice topically and the subcutaneous employment of *Ergotin* are next suggested.

Dr. M. Jousset commends the use of alcohol when life is menaced by deadly faintings. His favourite forms are champagne and cold brandy and water. The latter compound has a strange look in its half English dress (*potion de Todd*).†

* Dr. M. J. thinks differently, but there seems little doubt that the cases of recovery diagnosed as intra-peritoneal were really outside that sac. The accurate differentiation is beset with difficulties.

† In his life the late Dr. Todd, on account of his faith in stimulants, was

Whether by stimulating the flagging heart and thus, whilst preventing the patient from fainting, we run the risk of causing fresh effusion of blood, we do not deprive the sufferer of her only chance of ultimate recovery, we leave others to decide, our own experience being that no kind of treatment greatly modifies the result of this grave condition.

For ourselves we should be inclined to depend on some homœopathically indicated drug as *Carbo vegetabilis* in place of alcohol.

For the "colic" perhaps *Verat. alb.* would be even better than the flying blisters recommended by Dr. M. Jousset.

We are glad to see that Dr. M. Jousset does not speak in favourable terms of that most unjustifiable procedure, viz. puncturing the cyst.

When we remember the nearly unlimited powers of absorption possessed by the peritoneum, and the great peril of admitting air into the peritoneal cavity of a woman terribly exsanguined, *plus the shock, of which we think so little, and of which the unhappy patient thinks so much*, surely the most bloodthirsty operator should pause ere he incur the odium of needlessly curtailing and embittering existence.

Dr. M. Jousset gives with great care the differentia from simple pregnancy, extra-uterine foetation, extra-peritoneal hæmatocele, parametritis, pelvi-peritonitis, ovarian cyst, pelvic hydatids,* hæmometra, fibroids, and uterine carcinoma.

Amongst the interesting points of diagnosis we fail to see one, not always present indeed, but when present of great value. It is the curiously sudden pigmentation of the previously pale face that takes place simultaneously with

called by the irreverent "Brandy Toddy;" what a curious immortality he seems to have obtained, by his favourite stimulant being called "Potion de Todd."

* A word that should be abandoned in connection with the uterine cavity, as it is the opinion of advanced pathologists that so-called "hydatids" are unknown in the uterus, the condition being really "dropsy of the chorion."

the commencement of blood absorption. This is sometimes so marked as to be mistaken for jaundice.

We confidently recommend a perusal of this promising *brochure* to the members of our body. It is pleasant to see our rising men producing works of a really high class in special domains of medicine.

OUR FOREIGN CONTEMPORARIES.

AMERICA.—Our last survey of American Journals brought them down to the end of 1881. In our present notice it will be understood (unless otherwise specified) that we have before us the file of each journal from January, 1882, to June, 1883.

North American Journal of Homœopathy. February, 1882. A Dr. I. J. M. Goss is announced as having published in the United States a *Materia Medica* on the lines of that of Dr. Ringer, *i.e.* owing all that is peculiar in it to borrowings from homœopathy. Dr. Allen's "Critical Examination" of his own *Encyclopædia* gives a very exhaustive analysis of the pathogenesis of *Aloes*. "As a whole," he concludes, "we find our pathogenesis good. Very little weeding is to be done, but of course for practical use much condensation."

May.—Dr. Norton writes upon parenchymatous keratitis. "We are satisfied," he says, "that we have not only hastened the absorption of the infiltration into the cornea, but have also often checked the progress of the disease in its various stages." To the usual remedies he adds *Cannabis sativa* and *Sulphur*. Dr. Hallock reports two cases of diabetes treated by *Nitrate of Uranium* in three-grain doses of the 1st trituration; one was greatly benefited, the other cured. The only assignable cause in the latter case was the abuse of Vichy water. Dr. Skinner is quarrelling with some of his fellows regarding the use of "nosodes." Here is an amusing sentence from the present number:

"Dr. Lippe may style us 'Isopathists,' but he knows full well that there are not, although I say it, two sounder or firmer homœopaths in the universe than Dr. Berridge and myself. 'Isopathy a fatal error'—Dr. Lippe is a wise and enlightened man, but he has still to learn that he himself is capable of holding a 'fatal error.'"

August.—From some German observations translated by Dr. Lilienthal, it appears that *Digitalis* will not retard the pulse when the vagus is paralysed. Dr. Allen examines the "Alumen" of his *Encyclopædia*, and finds it to contain a "sound nucleus" only. Dr. Helmuth reports two successful cases of Battey's operation for confirmed menstrual derangement.

November.—Dr. M. Deschere, who is giving special attention to the diseases of children, contributes an excellent article on capillary bronchitis. (A book on these maladies, in which the therapeutics are thoroughly "Ringerian," is noticed under the head of "Allopathic Progress in Pædology." The author is one Edward Ellis, M.D.) Dr. E. V. Moffat communicates experience with the *Symphoricarpos racemosus* (snow berry), which makes it appear to be a truly homœopathic and very effective remedy in the vomiting and other gastric derangements of pregnancy. It was introduced by Dr. Burdick, of New York. His tincture was made from the ripe berries. Dr. Allen analyses his "Alumina" and begins by adding another half page of corrections to those of his "Critical Revision." He gives a specimen of the way in which Hahnemann dealt with *Nenning*, which shows twenty-three symptoms reduced to nine. Dr. Allen thinks that by his condensations, omissions, and misquotations of Nenning, Hahnemann has spoiled his contribution to our knowledge of the drug.

February, 1883.—Dr. Lilienthal gives us a study, *more suo*, of *Arnica*. He states that he has "verified over and over" the statement that this medicine will "tone up" lassitude and relaxation of the vocal organs from over-exertion, as in actors and singers.

May.—Dr. Berghaus states that a chemist, preparing a combination of *Lactic acid* and *Carbonate of Lithium*, ex-

perienced at different times, but only when making and working with this compound, decided rheumatic pains in the small joints, though not himself subject to rheumatism. Taking the hint, he and others have used *Lithium lacticum* in subacute local rheumatisms with good effect. A case of fatal poisoning (*secundum artem*) by *Salicylic acid* is related, in which it is stated that the dyspnœa showed the greatest similarity to that of diabetic coma. Provings of *Convallaria majalis* and *Chionanthus Virginica* are given. Dr. E. V. Moffat states that a lady medical student has proved *Cinnamonum*, to see if it would cause the metrorrhagia it often checks, and found it very active in this direction.

Hahnemannian Monthly. January, 1882. The following cases are so well described and so striking in their results that we must give them entire.

Lycopodium and Berberis in Chronic Diarrhœa.

By W. T. LAIRD, M.D., Augusta, Me.

November 5th, 1874, was called to see Ella W—, æt. 2½. During the first year of her life she had been perfectly healthy, with the exception of the ordinary ailments of infancy. At the beginning of the second year she was vaccinated with humanised virus, and soon afterward large sores broke out all over the body. These proving intractable to all internal (allopathic) medication, powerful ointments and astringent washes were used, and under the influence of these local applications the skin finally healed, and after six months' treatment the child partially regained her former flesh and strength. The disappearance of the cutaneous trouble, however, was immediately followed by a diarrhœa, which had now continued more than a year, although the family had, meanwhile, changed physicians five times! She had, daily, four to six painless, yellow, watery, undigested stools, having an extremely fetid odour, and accompanied with much flatus. The abdomen was bloated; there was considerable scalp-sweat during sleep, and the child was cross and peevish. *Calc. c. 2c*, a dose night and morning for a week, improved the general condition, but had no effect upon the diarrhœa. *Sulph. 2c* was given in the same manner for another week with negative results. A careful review of the case elicited the following additional symptoms: *She seems very hungry,—can scarcely wait for a meal, but a few*

mouthfuls satisfy her ; much rumbling of flatus with colicky pains, late in the afternoon and early in the evening. B. Lyc. 2^c in water, a teaspoonful, morning, noon, and night. On the third day after commencing this remedy the old sores reappeared on the skin, and the diarrhœa immediately ceased. Sac. lac. was now given with steady improvement for two weeks, when a slight return of the loose stool called for another dose of Lyc. 2^c. This was followed by the same phenomena as at first,—almost instant relief of the diarrhœa,—and another crop of sores. No more medicine was given. The bowels moved naturally every day, the skin gradually became healthy, and the case was dismissed cured in two months. There was no relapse during the five years the patient remained under observation.

J. S. M., æt. 28, applied for treatment May 21st, 1881. The following record of his symptoms is taken from my case-book :

“Has had diarrhœa for a year and a half. During the first nine months was under the care of Dr. —, who prescribed various remedies with only partial benefit. Spent the winter in the South. Soon after his arrival he was so much worse that he called an old-school physician, who gave him a mixture of *Iron* and *Quinine*, which checked the diarrhœa, but did not cure it. He continued the use of this medicine during his trip, and has also taken it occasionally since his return. He now has from two to six painless, watery, clay-coloured, offensive stools per diem, preceded by pain about the navel, and accompanied with emission of fetid flatus ; occasionally has involuntary stools during sleep,—but, as a rule, the diarrhœa begins in the morning after rising, and ceases by night. Exercise of any kind—standing, riding, walking, or even long-continued conversation—causes a decided aggravation. Complexion sallow ; this is especially marked when the stools are few in number, and partially disappears as they increase in frequency. Weak, gone feeling in stomach and abdomen ; worse by exercise or talking. *Soreness and tenderness of the renal region, aggravated by the least jar or pressure ; tearing pains in the back, extending down the ureters, and shooting into the hips.* Sleep restless, disturbed by dreams. Feeling of weakness and general *malaise*.”

It was impossible to cover the totality of the symptoms with a single remedy. His previous physician, a careful and accurate

prescriber, had undoubtedly given him every drug which could possibly be indicated by the character and conditions of the stools. It was evident, however, that no curative effect could be expected from the remedies usually resorted to in chronic diarrhœa, for none of them corresponded to the italicised concomitant symptoms which were characteristic of this case. These were accurately covered by *Berberis*; and although neither the provings nor clinical experience would lead us to think highly of this drug in diseases of the bowels, the resemblance was so close in other respects that I did not hesitate to prescribe it. *Berberis* 2^c was given, with directions to take a dose night and morning, and to omit the medicine as soon as there was decided improvement.

Two months later the patient reported that all the symptoms disappeared within a week, and that he had been perfectly well ever since.

Dr. W. M. Haines reports two cures of recurrent neuralgia with *K. bich.* 3x. In either case the pain occupied a small spot over the inner angle of the right eye, and lasted daily from 9 a.m. to 3 p.m., being worst at noon.

April.—Dr. McClatchey (whose death we have since had to lament) states that he has been very successful in the treatment of intermittent fever. He has followed the precepts of Hahnemann, individualising each case, and prescribing for the totality of the symptoms with due regard to their hierarchical relations; and the result is that he, has in most cases been led to *Quinine*. This conclusion though quite in accordance with Hahnemann's own precepts, is so unwelcome to the so-called "Hahnemannians," that they have raised loud outcries against its promulgator. It is quite evident that they prefer prescribing from "key-notes." Dr. Farrington gives the following interesting bit of history:—"When Bönninghausen's *Pocket Book* was being written, Dr. Hering urged its author to state just what symptoms or groups of symptoms were affected by a given condition. For instance, instead of writing "worse from motion—*Bryonia*," Dr. Hering desired that it should be stated *what* symptoms were worse from motion. But Bönninghausen refused to comply with this request, reasonable as it was, so his book is crippled, and we have lost,

probably irreparably, the particulars of his vast clinical work."

May.—At a meeting of the Philadelphia County Homœopathic Society, Dr. Mohr read extracts from a letter received from Dr. S. A. Jones, who is proving *Lappa major* (*Arctium Lappa*). He says, "I have made some remarkable cures of prolapsus uteri with it, no mechanical aids being used. . . . Of course, without provings one has not clear indications for it, but here are some clinical facts. The greater the relaxation of the tissues, the more atonic the condition, the better *Lappa* is suggested. If the uterus feels sore—an exquisite soreness, not acute pain; or if either ovary, but notably the right, is sore; if the urine is somewhat abundant and alkaline (it must be neutral or alkaline in *Lappa* conditions), and if it contain amorphous phosphates, then *Lappa* is as well indicated as it can be without provings." The following bit of statistics from Dr. H. F. Biggar, is worth preserving: "For the eleven years I was surgeon-in-charge of the Cleveland Workhouse; 11,789 patients were treated and there were 35 deaths. A comparison with the best mortality reports of other workhouses gives this institution a rate of mortality 36 per cent. better than the Detroit Workhouse and 57 per cent. better than the Alleghany, and 450 per cent. better than the Ohio penitentiary."

July.—Dr. Winslow communicates the results of a microscopic examination of the triturations of *Lycopodium*, prepared in divers plans. On Hahnemann's the 1st trit. showed 465 spores out of 500 unbroken; on Gruner's the 1x showed 490; on Boericke and Tafel's, where the crude substance is first treated by itself for an hour, the 2x showed 420. At the best, therefore, this process does not make active more than 10 per cent. of the whole mass. At its annual meeting in 1882, the American Institute adopted, with but one dissenting vote, the following excellent resolution:—"That it is the sense of the American Institute of Homœopathy that no physician can properly sustain the responsibilities or fulfil all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion;

and unrestricted liberty of professional action, as provided for in the Code of Ethics of this Institute."

August.—Apropos of *Lappa*, Dr. Hale reminds us that the old herbals assert that by the burdock "you may draw the womb which way you please." They applied it externally, but the analogy of the horse-chestnut suggests that absorption and specific action occurred.

September.—A pathogenesis of *Magnolia grandiflora*, by Dr. Talavera, of Mexico, is given here. It is unfortunately presented in schema only. Dr. F. F. Laird communicates a striking cure of a tic douloureux, caused by cutting off a pimple while shaving, the scar being visible. *Spigelia*, to which the symptoms pointed, gave great but only temporary relief; *Hypericum* (15x and 2x), given on the causal indication, cured speedily and permanently. Dr. Jones returns to *Lappa*, and shows that its uterine virtues were known to all the old herbalists. Dr. Winslow makes, both here and in the July No., some curious statements about our medical position in England. "The licentiate," he writes, "must call in a physician in grave cases; the licentiate and physician must both call a surgeon for surgical operations; the surgeon must in turn call upon the physician in non-surgical cases. *Such is the law*, and in that country laws are generally enforced." A New York journal having exposed what it calls "Dr. Winslow's Error," its author returns to the charge. He admits his "slip" as to the surgeon (unless he be a pure one) being bound to call in a physician; but repeats his former mistake as to there being any law requiring surgeons to be called in for operations; and adds another, in supposing that the examination of the Apothecaries' Society is merely that which qualifies druggists! A tincture of *Avena sativa* (the common oat) is reported as effective in breaking the opium habit.

October.—Dr. McCourt testifies to unfailing success with *Gnaphalium* in sciatica. He gives the 1x dilution. The following is from an editorial: "Let us fully understand the attitude of our opponent. She denounces physicians 'whose practice is based upon an exclusive dogma'—the

allusion is to the Code of Ethics of the American Medical Association—"and this without any regard to the truth or falsity of the 'dogma.' If, now, some medical Newton should arise among allopaths and demonstrate to them some principle by which they could always decide upon the best line of treatment for each case of disease, not one of these allopaths would dare to employ that principle, because their code expressly forbids it. If homœopathy is exclusive, what shall we say of this?

"Thus the allopathic school, while professing—and honestly professing—to hope for the speedy establishment of medical art upon a scientific basis, actually forbids its members to select remedies upon any scientific, *i.e.* general, principle. It reminds one of the ancient Jews, who, while anxiously waiting and longing and praying for the coming of their Messianic Deliverer, yet kept upon their statute-books a law requiring the death of that Deliverer whenever he should appear among them."

November.—If Dr. Garrod were a reader of the *Hahnemannian*, he would be amused to learn that it was as far back as 1798 that he discovered excess of uric acid in the blood in connection with the gouty paroxysm. Dr. W. T. Laird accounts *Berberis*, *Cantharis*, *Lycopodium* and *Sepia* the essential remedies for lithæmia, but ranks *Cantharis* highest.

December.—Dr. Clarence Bartlett states that his treatment of chronic suppurative otitis was anything but satisfactory until he began to pack the ears with dry finely-powdered boracic acid, but that with this it is brilliantly successful. Dr. Jones, again writing about *Lappa*, advises the tincture to be made from the seeds.

January, 1883.—Dr. B. F. Bailey, himself a sufferer from hay-fever, sends an account of his experience in its treatment. He finds *Sticta* (1x) the best remedy, and *Sanguinaria* very useful for the troublesome cough. The secession of two quondam homœopathists is announced—Dr. Samuel Potter, of whom our readers have heard, and Dr. Liliencranz, of California. Adding to these Dr. Peters, American Homœopathy thus counts three renegades during

the fifty-eight years of its existence, during which time its adherents have grown from 1 to 7000. "Thus," says the *Hahnemannian*, "the ancient prophecies which foretold the dissolution of homœopathy are being rapidly fulfilled."

February.—Dr. F. F. Laird, who is becoming quite a prolific writer, gives a good study, after Dunham's manner, of *Hydrastis*. The late Dr. McClatchey (whose loss we sincerely deplore) states that long before the appearance of Dr. Gowers' observations as to the production of psoriasis by *Borax*, he had been in the habit of treating this disorder with it, generally in the 6th dilution, and with most satisfactory results. We learn that Messrs. Boericke and Tafel have now dissolved partnership; the former devoting himself entirely to publishing and the latter to pharmacy.

March.—A first proving of *Lappa* appears here, made by Dr. R. P. Mercer on himself with the ϕ . Rheumatoid pains mainly were developed, and he states that he has verified his symptoms clinically.

April.—Dr. McGeorge has here a good clinical study of *Cantharis*. Among other cases, he relates one of acute parenchymatous nephritis, in which he refrained from this medicine because of the absence of bladder symptoms, but at last, giving it, found it work most effectually. When will homœopaths learn that though the drug should have the totality of the symptoms of the disease, it is quite unnecessary that the disease should have the totality of the symptoms of the drug? Dr. van Densen relates a case in which repeatedly after the administration of *Iron*, in doses of five to seven drops of the tincture of the chloride, the patient had severe sharp pains in the heart, in short paroxysms, with a "smothering" sensation; the pulse being 120, weak and irregular. Dr. Houghton confirms Dr. Bartlett's experience with *Boracic acid* in chronic suppurative otitis, but prefers introducing it by insufflation, using a 75-per-cent. trituration.

May.—Dr. T. Pratt records a case in which a tapeworm was expelled, head and all, after three days of *Sanionine* 1x, gr. v. ter die.

New England Medical Gazette.—With the commencement

of 1882 Dr. H. C. Clapp resigns the sole editorship of this journal, but continues to be one of "an association of physicians" who henceforth conduct it.

May, 1882.—The following cases illustrate some of the actions of a potent but little-understood remedy.

Clinical Cases. By J. H. CARMICHAEL, M.D., Worcester, Mass.

I. Sanguinaria Canadensis 6x in Delaying Menses.

First. Miss S—, æt. 16, complains of faintness, palpitation of the heart, weakness, and neuralgia in left chest. Cannot give any cause for these symptoms. Menstruates every five or six weeks, occasionally skipping to second month; has a slight dry cough; has been growing worse during the past year, and is now quite emaciated. *Puls.* 3x and *Ferrum. phos.* 1x trit. for three months did very little if any good. *Sang.* 6x three doses daily caused decided improvement in a short time, and in three months she was well.

Second. Miss G—, æt. 17, commenced to menstruate at the age of fourteen. Was regular about a year; since then she has been irregular. Often goes three months without menstruating; emmenagogues help but little; has chills and flushing of face, a trifling cough, which causes anxiety as her father died of consumption. Has frequent neuralgic headache on right side. *Puls.* 6x helped the case for three months, but she again relapsed. *Sang.* 6x caused an improvement at once, and she remained well over two years, when she got her feet wet at the time she was menstruating and skipped the following month; but a renewal of the medicine set things right again.

Third. Miss S—, æt. 19, called me especially for pain in right internal condyle of femur. Upon examination I found the pain was not constant, but appeared at the time when she ought to have her menses, continuing day and night until she commenced to flow, gradually disappearing from that time. Her menses appeared every five weeks. I tried *Aconite*, *Cimicifuga*, *Causticum*, and *Pulsatilla*, all to no avail, in as many months. I then gave *Sang.* 6x, which regulated the menses and cured the sympathetic pain after the second month.

Fourth. Mrs. B—, æt. 24; married two years; is subject to periodic neuralgic headaches, which are always worse at monthly

period. Has always been regular until the last year. Menstruates every five weeks or thereabouts. When menstruating has palpitation of the heart, severe neuralgic headaches, chills alternating with heat, nausea, and violent vomiting, which is persistent. For two or three days various drugs such as *Verat. vir.*, *Puls.*, *Ammon. carb.*, &c., were tried, but without material benefit until *Sang.* 6x was given, which proved to be the remedy.

Fifth. Mrs. W—, æt. 38; always has been well and regular except when pregnant. Has given birth to two children. Now has passed her proper time seven days. Has pain with bearing down as though she was about to commence to flow. Polyuria, transient cramps of stomach, pale, anxious face. Gave *Aconite* 3x followed by *Puls.* 3x for four or five days without benefit. She became wakeful, extremely nervous, grew worse and had to take her bed. All the bad symptoms continued, with pain extending down her thighs, nausea with burning of throat extending downward. I gave *Caulophyllum* 1x followed by *Macrotin* 1x without relief. *Sang.* 1x ten grains was dissolved in three tablespoonfuls of water, and a teaspoonful given every two hours. In twelve hours there was a perceptible improvement; in twenty-four she commenced to flow, and with its continuance she made a good recovery. Next month the same thing commenced, but was promptly dispersed by the *Sang.*, and by its continuance for two months she was herself again. Three years later, from some unaccountable cause, she was taken in the same way; was not within reach of me, and after suffering three weeks, during which time she took homœopathic and allopathic drugs in succession without relief, I was sent for, and *Sang.* was given with the same relief as formerly.

With these illustrations we will give what may be considered as its *characteristics* in such cases; chilliness, followed by flashes of heat; rush of blood to head and face; irregular action of heart, with occasional palpitation; faintness, vertigo, nausea, or violent vomiting; burning in œsophagus; neuralgia, more especially in right temple, left chest, in region of left mamma, and lower extremities; occasionally hacking cough and gastralgia are noticed; menses delayed with above symptoms appearing in place of menses. You will find it a useful remedy in phthisical cases, with above symptoms, alternated on alternate weeks with *Senecin* 3x and re-enforced by the hypophosphites. Again, in

cases with foregoing symptoms, where patients are amenorrhœic, and their mucous membranes show an exsanguinated spanæmic condition, it will be a good remedy with *Citrate of iron and quinine* 2x as an auxiliary. As a practical hint worth remembering, never give *Iron* or *Quinine* in material doses to patients who flow profusely or have premature menses. Such cases cannot take *Iron* with impunity, except in the higher attenuations, thirtieth or above, and then upon my authority you may discard all in its favour.

II. *Sanguinaria can.*[∞] in *Flooding at Climacteric.*

First. Mrs. B—, æt. 47. Is very much emaciated and anæmic; has not been regular for nearly two years; has attacks of flooding every two or three months, so severe that she faints at times, and does not recover her strength under three or four weeks. As she was flowing profusely at the time I was called, I gave *Trillin* 1x, ten grains in three tablespoonfuls of water, a teaspoonful of this solution every fifteen minutes until better; also ordered vaginal injections of hot water. She shortly improved, and was able to sit up in three or four days. *China* 2x was given for a few weeks, when in a measure she gained her lost strength. Two months later she was again as bad as ever with another attack. The same treatment was resorted to, followed by *Sulphuric acid dilute* three drops, at meals, with *China* 3x morning and evening. She improved temporarily, but, although the treatment was followed for three months, she again had nearly as severe an attack as before. *Trillin* 1x arrested the profuse hemorrhage, and *China* restored her strength. At the end of the fourth week I gave the patient a two-drachm vial of pellets saturated with *Sang.* 200, and since then she has never had a return of the flooding. She menstruated irregularly for nearly two years later before it entirely ceased. Before taking the *Sang.*[∞] she weighed from ninety-one to ninety-three pounds, but immediately after she commenced to improve in health, strength, and spirits, and now weighs about one hundred and forty-five pounds.

Second. Mrs. P—, æt. 49, has alternate chills and flashes of heat; palpitation of heart; gastralgia; profuse menses, and for the past year has had flooding every two or three months. At the time, by direction of her physician, she took *Ergot* fluid

extract in teaspoonful doses every six hours for two or three days. During the intervals *Sulphuric acid* and *Quinine* thrice daily. This case I gave *Sang.*^œ to be taken twice daily. She did not read the directions, and misunderstanding me, took no medicine until she was again having an attack of flooding, when she took the pellets every two hours. I did not see her until after the second attack, when she came to my office to get another bottle of those pills. Upon inquiry I found the facts substantially as above. I said, "These pills could not check your flooding at the time, and only would benefit you when taken during the interval." She said I was entirely mistaken, and that they were more powerful than the *Ergot*. "Well," I said, "take them now as I wish you to, and perhaps there will be no more flooding." She did as directed and took the pills for the following four months, once daily, after the first month, and passed the climacteric safely and happily.

Third. Mrs. J—, æt. 42, has had a profuse menorrhagia and flooding for four years. It followed an abortion. She has been attended by six different M.D.s, members of both schools, and came to me through the recommendation of a friend (who was restored to health while under my care), saying, "Doctor, if you can cure me as quickly as Mrs. P—, I shall be only too happy to have your services." My answer was, "I have yet to find what ails you, at which time I may be able to tell something about the case." A day was appointed for an examination, which showed the following condition: Uterus enlarged to nearly four times its natural size. Probe entered six and a half inches, followed by considerable hemorrhage after being used with the utmost care. Cervix congested and granulated; projecting from cervix two small mucous polypi which I removed by torsion and applied *Pulv. Sang.* Just inside of cervix was another, scarcely larger than a pea, which was also removed. The internal os was dilated so that my wire curette passed it readily, and I found the endometrium studded with fungous growths, and by gently scraping the cavity I removed as much as one third of a teacupful of these abnormal growths. I applied freely compound tincture of iodine and ordered my patient to bed for four days. I now gave her fifteen-drop doses of *Viscum alb.* every two hours alternately with *Arnica 3x*.

Next day felt weak and exhausted, with some pain; not much

hemorrhage. Applied a tampon saturated with one drachm of *Sang. tinct.* to one ounce of *Glycerine* containing the remedies. In two or three days she was up, and did not flow for five weeks, when she had a natural menstrual period. She was taking the *Viscum alb.*, fifteen drops three times daily, which was given to get a contraction of the uterine fibres. She was troubled with alternate chills and hot flashes, also a faint, gone sensation at stomach. So I gave *Sang.*^{cc} every twelve hours. She gradually improved, but at the end of the fifth month she again had a severe attack of flowing. Examination after the hemorrhage had been mainly controlled by hot vaginal injections showed that one of the polypi had returned. It was removed and the curette applied, removing a quantity of the fungous growth. Applied *Sang. tinct.* direct to endometrium by injection, and ordered patient to bed for the succeeding four days. She did well, and on the fifth day I made another application of the *Tinct.* of *Sang.* These applications were made at intervals of five or six days for the greater portion of two months, and *Sang.*^{cc} continued internally. During this time she did not menstruate, and gradually improved. Probe entered the womb four inches. Cervix looked well and natural, but the body of the womb was yet enlarged. At this time I left the patient with *Sang.*^{cc}, one dose daily. At the end of another month she menstruated normally, which was continued regularly for the six succeeding months, when they entirely disappeared, and for a year she has been well and grown fleshy, so that we can give it as our opinion that she has safely passed the "*grand climacteric*." This last case was one that *Sang.*^{cc} would not have cured unaided by surgery, although it would have most assuredly helped. These cases are sufficient to illustrate its action. Although we have many useful remedies during this grave period for women, none can supplant this. It will also be useful for the neuralgia occurring at this time in many cases. *Aconite*, *Gelsemium*, *Verat. vir.*, *Digitalis*, *Lachesis*, and many others have useful places, and must not be forgotten. Again, conservative surgery has its proper sphere, and one who does without it must not expect to be the peer of the modern gynecologist.

June.—Dr. J. T. Harris records a case in which, after vaccination of a nursing mother, a copious vaccine eruption appeared on the baby. It came out fourteen days after

the operation, was at its height from the seventh to the ninth day, and as it went off carried away an eczema with it.

July.—Dr. Guernsey gives as indications for *Acetic acid*, intense and constant thirst, the passing of large quantities of pale urine day and night, and great debility. When these are present, he declares it to be a priceless remedy, given not lower than the 30th. Dr. Kimball relates a case of bleeding fungous growth on the chin, uninfluenced by *Thuja*, but twice disappearing under *Nitric acid*. Dr. W. T. Laird, hitherto known as somewhat of a “Hahnemannian,” puts in a vigorous plea for pathology.

October.—Dr. C. A. Barnard reports two cases of traumatic tetanus resulting from wounds from toy pistols. Both recovered, *Lachesis*, *Hydrocyanic acid* and *Cicuta* being the remedies employed.

November.—Dr. C. H. Burr bears testimony to the value of *Caulophyllin* in excited conditions of the uterus and the nervous system of women. He prefers the triturations—generally using the 2nd.

February, 1883.—Dr. J. P. Sutherland furnishes a proving on himself of *Convallaria majalis*.

March.—Dr. Walter Wesselhoeft relates five cases of placenta prævia, being all that have come under his notice in an obstetrical practice of twenty years. His conclusion from them is that puncturing the membranes and plugging is generally safer practice than dilatation and turning. Dr. F. B. Percy relates a case of irritable ulcer of the anus, cured by *Nitric acid* 2x internally and *Calendula* locally. We are pleased to see that a friend of homœopathy, who disguises his name, has given a donation of \$40,000 to the Massachusetts Homœopathic Hospital.

May.—Dr. J. H. Carmichael commends *Viscum album*, *Picric acid* and *Sanguinaria* as the most effective medicines in endometritis. There is extracted from the *Medical Age* a report of four cases of albuminuria successfully treated with the *Acetate of Lead*, in the enormous dosage of gr. xx ter die.

United States Medical Investigator.—This journal has

been reaching us very irregularly of late, and since April 7th has ceased altogether to put in an appearance. Of 1882, during which it was issued fortnightly, we lack the numbers for February 15th, March 1st, April 1st, May 15th, June 1st, July 15th, October 1st and 15th, November 15th, and December 15th; and of 1883, when it became a weekly, those for March 31st and for April 14th onwards.

January 1st, 1882.—A beekeeper communicates his personal experience of the effects of bee-stings, and so contributes to the pathogenesis of *Apis*. Homœopathy in Chicago has scored a great triumph, two large wards in the Cook County Hospital having been assigned to its representatives. The staff is taken entirely from the officers of the Chicago Homœopathic College, the Hahnemann College preferring the purity and seclusion of its own hospital. Their wisdom has been shown so far, that the rival institution has had to exclude female students, mainly from the impossibility of their getting on in the general hospital.

January 15th.—The following short proving of *Kali iodatum* is worth extracting.

The following short and involuntary proving of *Kali hydriodicum* was made August 1st, 1878. Was in perfect health at the time.

Took by mistake about thirty grains of the crystals of *Iodide of Potash*. I immediately afterward got into my buggy and rode out into the country. I felt no ill-effects from the drug for about two hours. The first symptom which manifested itself was a tingling, prickling sensation, accompanied by violent sneezing in paroxysms. Would sneeze four or five times in succession; these paroxysms would return in about ten minutes. The nostrils would become completely occluded, alternately, first the right then the left. Great heat in the nasal sinuses. Discharge from the anterior nares of a very acrid nature, so much so that the parts coming in contact with this discharge were excoriated. Excruciating pain in the maxilla and teeth coming in shocks very much like facial neuralgia (for which I have since found it a valuable agent when accompanied by coryza). Great stiffness and immobility of the jaw. About 7 or 8 o'clock p.m., great

difficulty of respiration. The heart seemed to be unequal to the task of circulating the blood. Pulse heavy, slow and irregular. The exact number of beats to the minute I did not ascertain, but I should say about fifty (my pulse generally averages eighty to ninety). Great anguish. Attempted to go upstairs but had to stop several times from the great dyspnoea and excessive dull pain in region of the heart. Crackling in the right ear when attempting to swallow. About 2 a.m., sounds as of rain falling on the roof, and I insisted it was raining, although my wife assured me it was a clear, still night. Sounds as of a large river sweeping by. Faint sensation in the stomach. Great pain in the back of the head. Dreams of a wandering character. Dreamed of danger. Pain and soreness in the lumbar region. Next morning, tongue dry, stiff and covered with a dark brown coating. All day, August 2nd, could not sit up from a fluttering palpitation of the heart, that made me feel faint and sick. This sensation did not entirely disappear for weeks, and for days had a severe frontal headache. These are the symptoms as noted at the time, and though the proving was very imperfect, it certainly calls attention to the efficacy of *Kali hyd.* in neuralgias of the face, teeth and jaws, coryza, asthma and heart troubles. I have used it in angina pectoris accompanied by fainting on arising or moving about, patient has to keep perfectly quiet in a recumbent position. I have never fully recovered from the effects it had on my heart.—S. W. RUTLEDGE, Grand Forks, Dakota.

September 1st.—A case of epilepsy of four years' standing cured by *Enanthe crocata* is given here. The dilution is not stated, but as the medicine was given in "pills," it could not have been very low. Dr. G. W. Williams reports that in a sensitive patient five drops of the tincture of *Avena sativa* produced effects which their subject (an opium taker) compared to that of *Opium*.

September 15th.—Dr. J. Simmons, having to treat two unvaccinated brothers for smallpox, gave one *Carbolic acid* 1x and the other *Arsenicum* 3x. The former did extremely well, but the latter badly till he too was put upon the antiseptic.

November 1st.—Dr. Mackechnie's cases of pericarditis

treated by *Arsenicum iodatum* are here transferred from the *Monthly Homœopathic Review* without acknowledgment.

January 6th, 1883.—A good deal is said in this and some succeeding numbers of a remedy for leucorrhœa called "Ova testa." No explanation is given as to its nature save that it is prepared by "being browned *in vacuo*." The "it" is evidently the egg-shell, and "Ova testa" are intended. It would surely be better to call it after the analogy of Hering's "Calcareæ ostrearum," "Calcareæ ovorum." The present reviewer has tested its virtues with much satisfaction. Sense as of a "broken back" is considered the great indication for it.

February 24th.—Dr. C. Gatchell reports that he has had very successful results with *Plumbum* (3rd trit.) in contracted kidney. He believes that the incipient disease may be absolutely cured by it.

March 24th.—Dr. Reinke, of Jamaica, gives us here "A Few Things learned concerning Homœopathy during forty years." His first aphorism is a curious one:—"Similia similibus curantur is the law of cure. Curantur. Why do some of our doctors say curenter? Are they not quite sure?" We will assume that the "ter" is a printer's (or rather editor's) blunder; but we can answer Dr. Reinke's question by informing him that the "ent" is Hahnemann's own formula; and that the phrase does not mean—as he seems to suppose—"likes may be cured by likes," but "let likes be treated by likes."

(To be continued.)

GLEANINGS, THERAPEUTIC AND PATHO- GENETIC.

Malignant Lympho-sarcoma and its Treatment by Arsenic.

THIS disease has been variously termed Hodgkin's disease, Anæmia lymphatica (Wilks), Adénie (Trousseau), Lymphadénie (Ranvier), Pseudo-leukæmie (Wunderlich), Malignant Lymphoma (Billroth), Lympho-sarcoma (Virchow), Progressive Glandular Hypertrophy (Hirschfeld), and Lymphadenoma (Gowers, *Quain's Dictionary*).

It is a disease characterised by more or less extensive enlargement of the lymphatic glands, frequently accompanied by enlarged spleen and progressive anæmia.

It was generally considered incurable, and, indeed, rapidly fatal. But of late years some cases have been apparently cured by Billroth, Winiwarter, Czerny, and others by means of *Arsenic*, generally in the form of Fowler's solution, sometimes only given internally, at other times also hypodermically.

There lies before us an inaugural dissertation by Carl Marzolph, entitled 'The Treatment of Malignant Lympho-sarcoma with *Arsenic*,' which gives a tabular statement of all the cases hitherto recorded as having been treated by *Arsenic*, and two more that came under his own observation. They amount to 21 cases. Of these 6 were cured, 9 died, 2 were improved, and 1 relapsed after improvement; in 3 no effect was noted. The duration of the treatment in the cases cured was 53 days, 23 days, 7½ months, 3 months, 68 days, and 40 days. The average dose given was from three to five drops per diem, but sometimes larger doses were administered.

The most significant point in Marzolph's thesis is his concluding paragraph:

"In conclusion I must allude to a work published lately by the physicians of Schneeberg,* which is very interesting to us. These gentlemen observed that the majority of all the cases of death among the Schneeberg miners (75 per cent.) were caused by lympho-sarcoma of the lungs. According to them, by the inhalation of dust, *Arsenic*, in its nearly insoluble combination with *Cobalt*, is conveyed undecomposed to the bronchial glands, and becoming liberated sets up there a state of irritation which causes these glands to swell. Other arsenical compounds, as for instance the combination with *Sulphur*, do not have this effect. If this be really the case, which can hardly be doubted after the careful observations of these physicians, and after Cohnheim's post-mortem investigations, then this is one of those cases where a disease may be caused by the same remedy as cures it, which Hahnemann has made use of for the establishment of his theory. I may remind my readers of the well-known observation that we can cure chronic eczema by the same chemical irritant as can inflame the skin, *e.g.* tar. In like manner we may imagine that *Arsenic* has an irritating affinity to the lymphatic glands which enables it, on the one hand, when applied for a long time, to bring healthy glands into a morbid state of formative activity, and on the other to bring back to the normal state morbid processes occurring in the gland."

Though not very well expressed, this is a distinct recognition of the homœopathic therapeutic rule enunciated by a candidate for the doctor's degree in the University of Strassburg, and not disapproved by his old-school teachers.

Dr. Talbot's Treatment of Burns.

What is wanted as a dressing is something which will preserve the skin and hold it intact until the new one has formed, that is, usually less than one week. After experimenting with a large number of substances, I am convinced that there is nothing equal to what I have recommended several times, and which I here repeat, the covering of the burn with a mixture of equal parts of white of egg and sweet oil thoroughly beaten together. If the skin is broken or displaced it should be carefully brought

* Der Lungenkrebs (Lymphosarkom) die Bergkrankheit in den Schneebergischen Gruben von Bergarzt Dr. Härtig und Dr. Hesse.—Vierteljahressch. f. gerichtl. Mediz. u. öffentl. Sanitätswesen. B. lxxxi, pp. 102 and 313, 1878.

to its original position, and if there is a vesication the serum should be removed by puncturing with a fine needle and applying gentle pressure, then the parts should be freely covered with this mixture, which forms a kind of paste, and, to give greater security, strips of fine muslin or gauze saturated with the dressing may be laid over the wound. This should not be removed until the new cuticle has fully formed and become sufficiently firm to bear exposure to the air. If further vesication takes place under the dressing, the serum should again be removed, as also any pus, if it should form, and then more of the dressing should be applied. If through motion or other cause the wound becomes exposed—and daily care is required to avoid this—more of the mixture should be promptly applied. The dressing should completely cover, and even extend beyond, the part injured, and generally by the third day the edges may be trimmed off with scissors, and by from the sixth to the tenth day the whole dressing can be removed, leaving a perfectly formed cuticle without blemish or scar. I can speak with great confidence of this treatment, for, after an experience of more than twenty years in a large number of cases, I have never been disappointed in its results.—(*New England Med. Gaz.*, July, 1883.)

The Magnet in Paralysis.

Dr. G— showed in the Paris Medical Society a patient, a woman, æt. 57, whose sensory, tactile, and motory hemiplegia had been cured in nineteen days, after metallo-therapeutic examination had shown that magnetic iron was the suitable remedy. A forty-pound horse-shoe iron magnet was fixed on the affected arm. All the symptoms, as defective sensation of the skin, loss of smell and taste, numbness of the affected half, also colour-blindness and complete muscular paralysis went off. The patient had previously derived no benefit from applied electricity. (*Gaz. hebdom. de med. et chir.*, quoted in *Memorabilien*, Neue Folge iii, 4th Heft, p. 221.)

Condylomata of Penis.

Nussbaum recommends for the smaller flattened condylomata washing twice a day with salt water and sprinkling with *Calomel*. The *Calomel* is chemically transformed into *Bichloride of Mercury*,

and the condylomata disappear without pain. (*Memorabilien*, N. F. iii, Heft 4, p. 231.)

Magisterium Bismuthi in Eczema.

Landgraf relates a case of extreme moist eczema of both hands that had been present for a long time. *Mag. bism.* (about twenty grammes) was spread in a thick layer on the affected parts and loose gloves drawn over it. The very next day there was a great improvement. The pain and ill-feeling were gone; no more œdema or secretion; the ulcers clean; the lymphatic cords not to be felt. In a week both palms were covered with fresh epidermis. As successfully and rapidly cured was a child of four with *Crusta lactea*, which covered almost all the face. The scabs were removed and the moist places powdered with *Mag. bism.* The remedy was equally successful in intertigo of the folds of the skin of the neck and back of thigh. (*Memorabilien*, N. Folge iii, Heft 4, p. 224.)

Bromine in Diphtheria.

Hiller (*Deutsche Med. Wochensch.*, May 30th, 1883) employed it at the Charité Hospital, Berlin. He uses a solution of four parts *Bromine*, four of *Bromide of Potassium*, and 2000 of water, for inhalation. To prevent the gas entering the eyes and nose, a glass cylinder must be used for inhaling. He also applies a solution of $\frac{1}{4}$ to 1 per cent. to the throat. The throat is painted every half hour, the gas inhaled every quarter hour. The membrane is removed in twenty-four hours, and a tendency to return easily kept in check by renewed applications. *Bromine* and *Pot. bromid.* have been frequently recommended in diphtheria, by Metcalfe in 1861 (*Med. Times and Gaz.*, i, 1861), by Schütz and Gottvald in 1862, by Goldsmith in 1863 (*Lancet*, ii, 1863, p. 525), by Post in 1876 (*Med. Times and Gaz.*, i, 1876, p. 588). In the homœopathic school it has been successfully used by Ozanam, Meyhoffer, Teste, Rentsch, Sorge, Windelband (in alternation with *Hepar*). These physicians mostly recommend it to be given in the more material doses, and Teste makes the interesting remark that milk neutralises the action of *Bromine*, so that it must not be given when treating a patient with this drug.

Papayotin in Diphtheria.

Csoner (*Deutsche Med. Wochensch.*, May 30th, 1883), treated a case of severe diphtheria in a boy (morning temp. 104°) by painting the throat with a 4 per. cent solution of *Papayotin*, and the patient made a rapid recovery.

Duboisina in Exophthalmos.

Phillips (*Brit. Med. Journ.*, May, 1883, p. 958) mentions that he treated a woman, æt. 39, who had a large goitre, exophthalmos, palpitation, systolic bruit, and œdema of the legs, with $\frac{1}{10}$ th of a grain of *Duboisina sulphate* three times a day. She improved very considerably, but the medicine caused looseness of bowels, and made her tipsy and sleepy. Perhaps it might have been given in still smaller doses with effect. We know that *Belladonna* (and *Atropine*) in very small doses have produced equally good effects in exophthalmos, and its action seems to be in many respects very similar to that of *Duboisina*.

Codeia in Diabetes.

Bradbury (*Brit. Med. Journ.*, May, 1883, p. 864) tells of the case of a man, æt. 69, who had been passing urine in excess for two and a half years. He had darting pains in head and giddiness, also signs of cataract in both eyes. Sp. gr. of urine 1037, quantity of sugar large. Under half a grain of *Cod.* daily the urine was reduced in seven days from fifty-two to forty-eight ounces. Under one grain daily in ten days the quantity of urine was forty ounces daily. For the next six weeks he got one and a half grain daily, and the urine was reduced to forty ounces; under two grains daily it fell to thirty-three ounces. R. S. Smith (*Brit. Med. Journ.*, September, 1881, p. 474) considers *Codeia* almost specific in diabetes. The dose in which it ought to be given seems to be as yet undecided. Some practitioners give ten to fifteen grains three times a day, while others say that one grain a day often causes unpleasant effects. Brunton advises it to be given in doses of from one quarter to one half of a grain three times a day. We have employed it in the first decimal dilution with good effect. *Opium* has long been employed by the old school in diabetes, and it is said with benefit.

Coze (*Brit. Journ. of Hom.*, xvii, p. 553) injected *Opium* into the jugular vein of rabbits, and finding that the formation of sugar in the system was largely increased thereby, illogically concluded that therefore *Opium* would be of no use in diabetes. Pavy found that *Opium*, *Morphia*, and *Codeia* have all the power of checking the formation of sugar in diabetes, but *Codeia* most of all. It is perhaps not necessary to separate the *Codeia* from the *Opium* in order to obtain its good effects, but if large doses are required, then it would certainly be an advantage to get the specific alkaloid of the *Opium* without the narcotic principles with which it is combined in *Opium*.

Veratrum viride in Typhoid.

Nelson (*Archives of Med.*, April, 1883) says he has given this drug in small doses in every case of typhoid he has treated during the last ten years, and has not lost a case. He says that it lowers the pulse and temperature, reduces the danger of hæmorrhage to a minimum, and convalescence is frequently established at the end of the second week. His doses are one to two drops of the tincture every hour. *Ver. vir.* has been employed with success by practitioners of our school in typhoid (*Brit. Journ. of Hom.*, xl, p. 288).

Atropia in Earache.

The *Boston Journal of Chemistry* says that Dr. A. D. Williams orders a solution of *Atropia* to be dropped into the painful ear, allowing it to remain there from ten to fifteen minutes. It is then made to run out by turning the head over, and wiped away with a dry rag. From three to five drops should be used of the solution, which should be warmed to prevent shock. Under three years old it should consist of one grain to the ounce, and over ten years of four grains to the ounce of water. In adults almost any strength may be used; and all ages will bear stronger solutions in the ear than in the eye. A few applications will usually stop the pain. In acute suppurative inflammation of the middle ear and acute inflammation of the meatus, *Atropia* will only slightly palliate the suffering; but in the recurring nocturnal earache of children it is practically a specific.* (*Medical Times.*)

* This treatment of otalgia is not always without danger, see p. 411.

Iodoform in Fissure of the Anus.

Dr. Hay, of Philadelphia, states that the value and efficacy of *Iodoform* are very great, so that it will in most cases supersede the use of the knife or forcible rupture. While using it the bowels must never be allowed to become constipated or relaxed, and the parts around must be kept constantly clean, so that there may be no deposit of dry incrustations. With one or two evacuations a day, the fissure may be speedily cured by the *Iodoform*, which should be dusted in very fine powder, three or four times a day, upon and into the fissured parts, or applied as ointment or suppository. In some cases, the powder however fine, causes some pain, and then should be mixed with *Pulv. Acaciæ*, or it may be made into an ointment with *Vaseline*, or suppository with *Oil of Theobroma*. *Balsam of Peru*, *Carbolic acid*, or *Peppermint oil* will moderate the odour of the *Iodoform*. There may be a little smarting after the application, but the parts soon become insensible to this, and defæcation can now be performed without the previous pain. It is asserted that the powder should be *very fine*, not the smallest crystal remaining unpowdered, or great suffering may be produced. (*Medical Times*.)

The Odour of Iodoform.

This, Dr. Andrews (*New York Medical Record*) states, may be effectually removed by adding (as a minimum) three grains of *Cumarin* to a drachm of *Iodoform*. *Cumarin* a derivative of the Tonka bean, is an anhydrate of *Cumaric acid*. The Tonka bean itself placed in the bottle containing the *Iodoform* is not effectual. (*Medical Times*.)

Convallaria majalis.

E. L. Trudeau (*New York Medical Record*, March 3rd, 1883) says: "From a year's experience in prescribing this drug, it has seemed to me that it is most successful in all cases where, to restore the balance of the circulation, stimulation of the *right* heart is imperative, while it is much less active when increased energy on the part of the left ventricle is called for. Its striking power in controlling dyspnœa in cases of emphysema, fibrous and

chronic phthisis (cases in which *Digitalis* frequently fails), in relieving the orthopnoea of mitral disease, increasing at the same time the flow of urine, and its power to mitigate the symptoms of aortic mischief or to increase the flow of urine in such cases, are clinical facts which tend to confirm this suggestion. It is in relieving dyspnoea that *Conv.* attains its most brilliant results, while it has only an uncertain and trifling power over oedema and dropsy, and it succeeds often in precisely the cases in which *Digitalis* fails. Another indication for its use not hitherto dwelt upon, is in controlling the symptoms of purely functional heart disorder. Its efficacy in such cases confirms Dr. B. Robinson's opinion that it acts through the nervous system. Paroxysmal palpitation and dyspnoea due to nervous causes, rapid and irregular heart action dependent on debility, are symptoms always benefited by it and often entirely disappear during its exhibition."

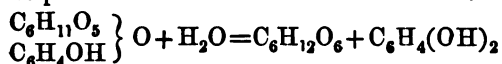
Ichthyol.

This substance is a new medicament introduced for the treatment of cutaneous diseases by M. Unna, the dermatologist of Hamburg. It is obtained by distillation from a bituminous rock which was found about three years ago in the Tyrol. According to Professor Fritsch, this rock is nothing else than the residue of decomposed animal matter, derived from prehistoric marine fish and animals. This hypothesis is based upon the presence of a large number of fossils and remains of fish in the strata from which the bituminous quartz is obtained. It is from this circumstance that the new medicinal agent gets the name of *Ichthyol*. *Ichthyol* is prepared by treating the products of distillation with *Sulphuric acid*. A kind of sulphate is thereby formed which must be carefully neutralised. The ointment then appears as a soft substance of the consistence of *Vaseline*, and of the aspect of pitch or tar. Eczema is the chief disease for which the new ointment is recommended. *Ichthyol* may be combined with preparations of *Mercury* and *Lead* without the formation of metallic sulphides. The substance forms an emulsion with water, which is a convenient property whereby the application may be washed off, but it possesses a penetrating odour not of an agreeable kind. In diseases usually treated by *Sulphur*, the new remedy has been

employed with success, *e.g.* acne rosacea and favus. Rheumatic pains and exudations, whether in the joints or muscles, are said to be wonderfully relieved by an embrocation. (*Lancet*, July 21st.)

Arbutin.

Arbutin is prepared from the familiar bearberry leaves, the *uva ursi folia* of the B. P. Researches made by Jablonowski and Schroff on healthy individuals led to no positive result, as in the similar case of *Quinine*. Menche proved its diuretic effect in a case of mitral disease of the heart. It seemed to have a similar action in a case of chronic tubercular peritonitis. Catarrh of the urinary organs is the special province for the employment of *Arbutin*. The urine of patients taking *Arbutin* when first passed is of normal colour, but becomes of a dark-green colour by standing, like the urine in *Carbolic acid* poisoning. Bodländer has proved that *Hydrochinon* is present in such urine. *Arbutin* is a glucosate, and occurs in fine acicular crystals of white colour, soluble in water, which solution is of neutral reaction, of faint bitter taste, and odourless. The following formula illustrates the chemical composition of the substance, and also the reaction which takes place under the influence of a ferment:



Arbutin + water = *Glucose* + *Hydrochinon*.

Hydrochinon will thus be seen to differ from *Phenol* merely by the replacement of a second atom of hydrogen of the organic radical C_6H_5 by an atom of monovalent hydroxyl. The remedy may be administered in large doses without the production of any unpleasant effects. Brieger has employed a solution of *Hydrochinon* as an injection in the treatment of gonorrhœa, but the healing influence of the drug would seem to be quite as effectually exhibited by giving *Arbutin* by the mouth. It is recommended to give forty-five to sixty grains of the powder in the course of twenty-four hours in cases of urethritis. (*Lancet*, July 21st.)

Corn Silk.

We learn from the *American Journal of Pharmacy* that during the past year several physicians of Schuylkill county have been

using different preparations of the stigmata of *Zea mays* for catarrh of the bladder and similar diseases with very good results. According to the chemist, Mr. Kennedy, the preparations should be made from the fresh article, as the dried material seems to be worthless, at least, that is the opinion of those who have employed the new drug. A tincture, fluid extract, or syrup of the green stigmata have been made and employed. The best forms for administration would be those free from alcohol, because spirit is generally contraindicated in the troubles for which *Corn silk* is recommended. (*Lancet*, July 21st.)

Koronico.

Koronico, from the *Veronica parviflora*, is largely used in New Zealand as a remedy in dysentery and diarrhoea. Dr. Jardine has also found it of much value in the chronic dysentery in China. After the administration of fifteen doses of *Koronico* the number of the sanguineous and slimy stools was reduced to one half, other fifteen doses reduced them to three or four daily, and a third like quantity effected a complete cure. (*Lancet*, July 21st.)

Jamaica Dogwood.

We have received from Messrs. Sumner & Co., of Liverpool, specimens of *Dogwood* bark, and of their fluid extract of *Jamaica dogwood*. The *Piscidia erythrina*, *Erythrina piscipula*, or *Jamaica dogwood*, belongs to the natural order Leguminosæ. It is a native of the West Indies, and, as its name implies, the chief source of supply is from Jamaica. When fully grown the tree attains a height of from twenty to twenty-five feet. Judging from the specimen before us the bark occurs in pieces from two to four inches in length, from one to two inches in breadth, and about one eighth of an inch in thickness. The fluid extract has an agreeable ethereal smell, a pleasant taste and becomes milky on the addition of water. It is said to be a powerful anodyne, and one of the best remedies for neuralgia. In many instances it is reported to have relieved pain, and ensured sleep after the failure of *Opium*, *Chloral*, and many other remedies. We have taken it in full doses, and used it clinically. It is sometimes useful, but it is not likely to supersede *opium*, at all events not at present.—(*Lancet*, August 25th.)

Doundaké.

MM. Bochefontaine, Féris and Marcus have lately examined the physiological properties of the bark of *Doundaké* or *Doundakine*. The shrub is a native of the West Coast of Africa, and belongs probably to that large order Rubiaceæ, which includes in its members the *Cinchonas*, *Ipecacuanha*, *Catechu*, and *Coffee*. The bark, employed by the natives as a febrifuge, has a red-orange colour and a bitter taste. Veratrini believed that *Salicin* was present in the bark. A crystalline substance can be extracted, which is soluble in water or alcohol, with an alkaline reaction, and has, indeed the chemical characters of an alkaloid. No *Salicin* was discovered in any of the bark. It was tried chiefly on frogs and produced muscular paralysis. (*Lancet*, August 25th.)

Acetals.

Diethylacetal ($C_6H_{14}O_2$) has been recently represented by Von Mering as an excellent substitute for *Chloral*. It is a fluid of bitter taste, slightly hot, soluble in eighteen times its volume of water, and mixes in all proportions with alcohol. Its boiling-point is 104° F., and specific gravity 83. Experiments made on frogs and mammals prove that *Acetal* acts on the central nervous system, whose functions it suspends, commencing first with those of the cerebral hemispheres, and then descending, but paralysing respiration before stopping cardiac action. Six out of eight human subjects experimented upon were sent to sleep in the course of the day after a dose of from ten to twelve grammes. No unpleasant after-effects were noted in any instance. The time required before sleep set in is not mentioned. M. Stoltenhoff has also made some observations which in the main agree with the above conclusions. He employed the *Acetal* in different forms of nervous disease, associated with insomnia (*Central. f. Nervenheilkunde*, No. 6). M. O. Berger, of Breslau, has not met with corresponding success. In none was sleep lasting more than two hours produced; in many no effect was observed; in some giddiness, flushing of face, and vomiting were recorded. Leyden, of Berlin, has been even less fortunate. It is possible that the composition of this drug—*Ethylidene Diethyl Ether*, $CH_3CH(OC_2H_5)_2$ —has not been uniform in every case. (*Lancet*, August, 25th.)

Paraldehyde.

Paraldehyde is a polymeric modification of *Aldehyde*. It was discovered by Wiedenbusch, and has been the object of an interesting work by MM. Kabulé and Zincke. Recently Enrico Morselli has published the results of some researches on the hypnotic and sedative action of the drug. *Paraldehyde* is said to be exempt from the disagreeableness of opiates and chloral. It procures a calm sleep, unaccompanied by headache, digestive disturbances, or vomiting. Morselli has employed it with advantage in cases of mania, melancholia, delirium with hallucinations, progressive general paralysis, epilepsy, &c. Neuralgia and odontalgia have been relieved thereby. In cases of bronchitis, pneumonia, and heart disease, attended with insomnia, the medicine has done good. Three grammes (52 minims) is the ordinary dose to procure sleep of from four to seven hours duration; its effects set in about half an hour after the ingestion of the drug. *Paraldehyde* has succeeded where *Chloral* has failed. (*Lancet*, August, 25th).

Kairin.

This new antipyretic agent has been the subject of fresh and researches by Paul Guttman (*Berlin Klin. Woch.*, No. 31). The number of experiments made upon forty-two patients was seventy-two; cases of pneumonia, measles, phthisis, typhoid fever, scarlatina, pleurisy, peritonitis, erysipelas, ague and septicæmia were investigated. The drug was administered while the fever was present, and not likely spontaneously to undergo alterations. The administration was begun in the latter part of the morning, and continued till the end of the afternoon. In the majority of cases the temperature ranged from 39·5° to 40·5 Centigrade when the observation was begun. It was shown that *Kairin* given in doses of one-half to one gramme, was followed by a gradual fall in the temperature of the body, so that in from three to four and a half hours after commencement, in the majority of cases, a considerable fall had taken place, and in several the thermometer showed a normal temperature. By repeated gramme doses of *Kairin* the normal may always be attained, according both to Filehne and Guttman. The course of the downward curve is then gradual. In many patients a notable degree of

sweating was observed, especially in cases of phthisis. As the temperature falls the pulse becomes less frequent. No unpleasant symptoms were caused by the *Kairin*, which was used freshly prepared; specimens which have been kept for some time may produce alarming symptoms, such as cyanosis and collapse. The antipyretic effect of *Kairin* is not weakened through repeated use; each new dose is followed by the usual result. *Kairin* like other antithermic agents is not capable of shortening the disease or altering the symptoms. Discoloration of the urine sets in about twelve hours after the employment of the drug, and lasts generally about twenty-four hours. Compared with *Quinine*, *Kairin* acts more rapidly, but its effects are of shorter duration. *Kairin*, however, given in hourly doses of one gramme, after four doses, has a more powerful and constant anti-febrile effect than *Quinine* in doses of one and a half to two grammes. The higher price of *Kairin* will probably postpone its extensive introduction. —*Lancet*, August 25th.

The Internal Use of Glycerine.

In a recent *Thèse de Paris*, M. Tisne (*Jour. de Thérap.*, April 25th) gives an account of the results of the employment of *Glycerine* by Drs. Jaccoud and Ferrand. The former prescribes it as a stimulant to the digestive organs in the non-febrile stage of phthisis, when for any reason *Cod-liver oil* ceases to be tolerated. The following mixture is given daily in two or three doses:—*Glycerine* forty grammes, and rum or cognac ten grammes, with one drop of *Essence of Mint*. This aromatic alcoholised compound, of agreeable flavour, is well tolerated by the stomach, and even after long uninterrupted use it causes neither satiety nor disgust. The addition of the rum or brandy has simply in view the modification of the insipid taste of the *Glycerine*, and to assist its digestion. The amount of the *Glycerine* may be raised to fifty or sixty grammes, but only in persons who do not exhibit any signs of abnormal excitability of the heart and nervous system; and *restlessness*, *unusual loquacity*, *obstinate insomnia*, or an *increase of temperature* announce that the proper dose has been exceeded. [Query, Are the italicised symptoms recognised pathogenetic effects of *Glycerine*?] Dr. Ferrand makes daily use of *Glycerine* in his wards at the

Laennec, and it is found to be readily absorbed without producing any toxic effects. It diminishes constipation in almost all cases, and yet moderates diarrhœa when it is present, and under its use sleep become calmer. It has an evident effect on nutrition, its employment in most cases leading to an increase in weight after the first fortnight. In tuberculous cases it induces a considerable amendment in the functional manifestations of the disease, such as dyspnœa, cough, and sweating. The expectoration is the symptom which is least influenced. The local condition of the lung also remains stationary, and the physical signs undergo no change. The action of *Glycerine* on the liver is exhibited by its increase of size, and by the more abundant flow of bile. With respect to its action on the kidneys, there are observed a more abundant diuresis, and an absolute and relative increase of the urea, chlorides, and phosphates eliminated by the urine. In affections of the genito-urinary organs, M. Tisne has found that under the use of *Glycerine*, the alkalescence of the urine seems to diminish, while purulence, when present, become considerably lessened. (*Medical Times*.)

Effects of Hepar sulphuris.

ALEXANDER (*Monatsblätter f. Pract. Dermatologie*, quoted in *Allg. Hom. Ztg.*, B. 107, p. 23), gives some cases of the physiological effects of *Calcium sulphide*—our *Hepar*.

The first case was that of a young doctor, twenty-six years of age, who for years had suffered from acne vulgaris of the face. He took three grains three times a day. Not only was the acne aggravated, but there occurred several large and very painful furuncles on the wrists, forearms and neck, with fever and gastric derangement. After giving up the medicine these symptoms together with the acne disappeared in a short time.

In the second case, that of a woman who took $\frac{1}{10}$ gr. four times a day, similar symptoms occurred, which increased more and more when the dose was increased, and soon went off after giving up the medicine.

The third case was that of a man who for slight furunculous eruption on the head and face and several other parts of the body took $\frac{1}{4}$ th gr. four times a day. The furuncles were aggravated and many new ones appeared. The medicine was discontinued,

and *Arsenic* and *Iron* were given. Under this treatment there was some improvement, but not much. He again took the *Calcium sulphide*, which brought out a large number of furuncles on the face, arms, and especially on the fingers, which tormented the patient excessively. As it was evident that these were caused by the drug, it was discontinued, and small doses of *Quinine* and poultices were employed, under which treatment in three days marked improvement set in, and soon afterwards a complete cure.

The author says these cases cannot be regarded as any proof of the Hahnemannian doctrine of *similia similibus*, but must be attributed to individual idiosyncrasy! None so blind as those who won't see!

Cannabis Indica.

A lady got a pill containing *Ferr. red. gr. j, ext. Cannabis. Ind. gr. ss.* "About three hours after taking it she felt so giddy she was obliged to lie down; her fingers became icy cold and benumbed; she heard noises as though omnibuses were driving past and she had visions of objects passing before her eyes; she felt drowsy, and, as regards her brain, much as she had done after taking opium when sleep had not followed. All these symptoms passed away in a few hours." (*Kelly, Brit. Med. Journ.*, June 30th, 1883.)

Poisoning by Atropin.

A lady of twenty-five consulted Dr. Knapp for pains in the right ear. He ordered her to introduce into the ear a $\frac{1}{4}$ per cent. solution of *Atropin sulph.* two or three times a day. She put in a few drops in the evening and the pain went away. Next morning at 8 she dropped in four drops and stopped up the ear with cotton wool. The pain went away and she felt quite well till 12.30 p.m. Then her hands and fingers began suddenly to swell and get stiff, the face was scarlet red, and the eyelids swollen. Throat very dry, tongue swollen, lower lip also swollen and hung down, violent palpitation of heart, and she complained of intense heat. These symptoms increased till 5 p.m., then grew lighter and she was well at 6 o'clock. (*Schmidt's Jahrb.*, vol. cxcvii, p. 235.)

Poisoning by Laburnum Seeds.

John B—, æt. 7, William B—, æt. 4, F. T—, æt. 4, were brought to University Hospital on Aug. 15th, about 2 p.m. They were discovered by a gentleman lying quite insensible, one on his back, the other two on their faces. Brought to the hospital, on admission the eldest was able to walk a little, but his gait was slow and unsteady; he had a dazed, apathetic appearance, face slightly flushed, pupils somewhat dilated, pulse rapid and feeble. The two youngest were almost insensible, both very pale and cold; pulse in both quick and weak, almost imperceptible. They had been eating laburnum seeds, but had vomited after a time. No seeds were obtained by emetics or stomach pump. A hot bath was given, and strong mustard plasters to chest and abdomen, and they were put to bed. They fell asleep almost directly, breathing heavily, and could be kept awake with difficulty. Pupils during sleep contracted, dilated on waking. The eldest was very flushed, and during sleep perspired. Not so the other two. One of the younger ones had considerable muscular twitchings in arms during sleep. Temperature in all reduced: 98·2° in eldest, 97·8° and 97·2° in the two younger. Towards evening their pulses became fuller and sleep natural. Next morning all much better, but still sleepy, and faces flushed and temp. slightly elevated—99·2°. Discharged next day quite well.—(Thistle, *Lancet*, Sept. 15, 1883.)

Poisoning by Boracic Acid.

A man, æt. 62, suffering from catarrh of stomach and proctitis. For this latter he got from Dec. 8th to Dec. 24th, 1882, twice a day, a clyster of *Boracic acid* (each time 300 grs., in 2½ per cent. solution). All went well till the 23rd, when his appetite departed, weakness set in, and the temp. rose to 38·6°. On the 24th he appeared pale and collapsed, was apathetic, complained of headache, vertigo, noise in ears, great weakness, loathing and sweat in the scrobiculus cordis, with sometimes vomiting of greenish stuff. Tongue dry and furred, difficulty of moving it, and dryness in throat. Urine showed albumen and boracic acid. These symptoms continued up to 26th, only they were slighter, the urine free from albumen, temp. lower. On

Jan. 2nd he was as well as before using the *Boracic acid*.—
(*Schmidt's Jahrb.*, ib., p. 28.)

Poisoning by Arsenuretted Hydrogen.

Says Stadelmann (*Archiv. f. Exp. Path.*, xvi, p. 221): As far as we know the symptoms of poisoning by *Ars. hyd.*, there is a marked opposition between the results of experiments on animals and the majority of the rare cases of poisoning by *Ars. hyd.* in human beings. For whilst in the latter, besides the very striking symptoms of copious hæmaglobinuria, a greater or less obvious icterus was observed, it (icterus) could never be found in the numerous experiments on animals, the most extensive of which were made by Naunyn (*Beitr. z. Lehre von Icterus. Reichart und Dubois Arch.*, 1868).

But later experiments have shown that by conducting the experiments in a different manner icterus may be caused by *Ars. hyd.* in dogs as well as in man. Stadelmann gives an account of his experiments on eighteen dogs, in one half of whom icterus more or less marked was produced. All attempts to produce icterus in rabbits failed, but the desired result was obtained in a certain proportion of the cats poisoned by *Ars. hyd.*

Poisoning by Carbolic acid.

A young man drank *Carbolic acid* out of a bottle thinking it was brandy. He immediately felt burning pain in mouth and throat. He went to a public-house to get some brandy, sat down there on a bench and felt very weak and became insensible. When seen in the evening he was found to be a robust man of about thirty, the skin cyanotic, extremities cold, complete loss of consciousness, sensibility, and motion. He showed no signs of intelligence when shaken or holloaed to, or when pinched, the limbs when raised fell helplessly down, the eyes shut, pupils insensible, contracted, laborious breathing in jerks; bluish red closed lips covered with bloody froth; a coarse râle over the whole chest that completely hides the vesicular respiration. Heart's beats and sounds weak, no bruit, pulse small, scarcely to be felt, no trembling. Blisters were applied and *Benz. acid* internally. The following day (Feb. 4th) consciousness had returned, there was no cyanosis, breathing free, râles gone. Mucous

membrane of lips, mouth and gullet greyish-white, complains of burning and pain in mouth, gullet and gastric region, violent vomiting, urine black. Milk, ice and *Chalk* mixture were prescribed. The following day (Feb. 5th) the vomiting continued, also livid colour of skin and mucous membrane of mouth and throat. Complains of violent pains in mouth, stomach, and chest. February 6th.—Vomiting ceased, urine dark brown, pain in right side of chest, rust-coloured sputa. 7th.—Urine clear, temp. 39°, pulse small, quick; bloody sputa, delirium. Behind from lower angle of scapula to lowest part of right lung complete dulness, loud bronchial breathing there; râles. Prescribed *Chin.*, *Sulph.*, *Milk*, cold compresses to right side of chest. The patient died on the 8th.

Post-mortem.—Mucous membrane of lips and mouth leaden grey, fauces strongly reddened, mucous membrane swollen, puckered, with streaks of exudation, œsophagus especially strongly injected, corroded in some places, mucous membrane of stomach on its posterior wall extremely marbled with blue-red ecchymoses, but no loss of substance, no alteration in intestines, liver enlarged, fatty, spleen somewhat enlarged, right kidney enlarged, swollen, inflamed. No alteration in larynx or trachea, right lung in its middle and lower lobe firm, airless, in the stage of red hepatisation, the rest of pulmonary substance contains air. Heart firmly contracted. (*Berl. Klin. Wochenschr.*, July 2nd, 1883.)

MISCELLANEOUS.

Fortieth Anniversary of the American Institute of Homœopathy.

THIS year the Institute held its Annual Meeting at Niagara Falls, under the presidency of Dr. Bushrod James. The meeting was numerously attended. We subjoin a few extracts from the presidential address:

GENERAL MEDICAL PROGRESS.

There are some questions of deep interest to every physician to whatever school he may adhere, subjects which have a universal medical importance. Lessons are to be learned from these, not only by the observers engaged in the work of investigation, but by every student—for every medical man should be a life-long student. I refer, for example, to the researches of Koch and Pasteur, and Ehrlich and others in regard to the bacilli of consumption and other diseases; to the investigations of Formad and Wood, upon the producing germs and causes of diphtheria; to the claims of Norris, of London, in regard to the discovery of a third corpuscle in the blood, which he takes to be identical with the hæmatoblasts of Hayem and the small blood plates of Bizzozero; or to the later views of some physiologists who hold that the blood is a living fluid tissue imbued with vital activity and attended with the power of being nourished and of suffering waste and death; or to the researches of Prof. Frankestein and his belief in the discovery of the cause of pernicious anæmia. The origin of this, he holds, is in the decaying teeth. He found in the blood of pregnant women suffering from pernicious anæmia, minute active bodies, some in a state of transition into double-celled bodies. Upon investigating the liver cells he found in several cases a great number of multi-celled filaments. From these cells these filaments had found their way into the capillaries in numbers sufficient to seriously affect the circulation. The investigator claims that these organisms find their origin in a fungus growing in carious teeth. Fatty heart may, it is also claimed, depend upon the same conditions. This may open a wide field of enquiry; and the dentist may be able by scientific procedures to prevent incalculable misery, for where can so much danger lurk as where our every meal comes into contact with such a disease-producing cause as caries in the teeth.

I also refer to the researches of Prof. Salisbury, of New York, where, in 1000 cases of infusional catarrh in the past sixteen years, he discovered a

"flagellate infusorium with body and legs," which he denominates the "asthmatos ciliaris" and found in great abundance in the nasal passages and on the conjunctivæ in cases of epidemic infusional catarrh. Even microscopic observers become affected by inhalation; and contagious cases of pneumonia are ascribed to this rapidly propagating cause. Dr. E. Cutler asserts that, if the case is mild, no serious injury may result, but if a "ropy, sticky condition of the blood prevails, with exposure to cold, followed by pneumonia, it becomes very serious and is often fatal."

All these and similar investigations show that medicine at large is widening its field of study. We must follow up these investigations, and wherever we can aid them by direct or indirect personal encouragement as well as continue those begun in our own school, and, when opportunity presents, inaugurate new themes for study and help on medical progress as well as medical reform in all times and in all places.

OUR STATUS.

That our materia medica workers, our microscopists, our ophthalmic and aural and general surgeons, our laryngologists, our gynæcologists, pædologists, sanitarians, obstetricians, physiologists, clinical investigators, pathologists, anatomists, and a host of others in the various lines of medical thought in our school, are assiduously at careful work, is a source of great encouragement and pleasure; and the labours of all such men are deserving of our highest commendation and congratulations for what they have already done, and what they are annually accomplishing. God speed your efforts and give you long life and great powers of endurance for the continuance of your tedious researches!

With our specialties rapidly developing, our careful thinkers and workers obtaining honourable positions, and the worthy members of our branch of the profession being admitted into the scientific associations of the country, and into the choicest social circles all over the world, I can but congratulate the science of homœopathy, to which I am an humble adherent, and this Institute, upon its present status.

ETHICS.

Looking across the medical chasm we see a great stir in the camp. A strange flag is unfurled. A motto is discerned. It reads: "The New Code." "*Code!*" Methought that was the remains of an old shell fish, that dear old fossil, "the code." It has become a triturated mass, and been turned into a "bolus," yea, a choking bolus. It has choked many an intimate friendship, and is now strangling many more. Its ethics are like a whirligig, affected by every breeze, now calm as a sleeping beauty, now flying with fury, turning first this and then another way; one moment quiet, and the next humming and buzzing like a nest of hornets, and in its work of mischief quite as hungry for evil.

"No consultation ethics" is on the other great medical banner that we see flying; and this is the lofty war ensign of the day in the opposing school of medicine. Happily we are not the antagonists in the fray; it is a home

rebellion in the venerable "old school" ranks. The great test battles have twice been fought on the soil of this state, and code reform has been victorious; and this state in the van of others will surely follow. A trickling drop of water wearing ever at a granite foundation will eventually crumble it away; and so will the constant efforts of brave, consistent hearts of ethical reformers wear a crevice in the obdurate heart of old school prejudice.

Towards our school the weapons are changing. At first we were classed as "quacks;" then as "irregulars;" now simply as "sectarians." It has taken the "old" eyes a long time to penetrate far enough into their own definition of the term "quack and charlatan to see that our system is infinitely more free from charlatan practice and irregularity than their own, for ours is based upon a scientific law; and, further, all the teachings and writings and remedies of the school have always been free and open to everybody; and no quackery or secret drug or proprietary or patent remedy is allowed in the school under any form; and a liberality exists in our ranks far surpassing theirs in matters of medical education and of certainty of therapeutic application and success.

READINESS TO TEST THE NEW PRACTICE.

To prove the assertion of success, there is not a city in this country to-day where homœopathic practitioners are found but in which the members of our branch will willingly test the system side by side in any and every hospital, if a fair, impartial trial be accorded. But, fearing the comparison, whenever the two systems are placed in such contrasts by the laity, the "noble" old school physicians, like a retreating foe, withdraw under their mottoed banner. Under the garb of "the code" they hide their dread and fear of homœopathic practice. Ye laymen of the land, why do you not awake and compel the trial? In all your almshouses, your hospitals, and all your free or remunerative institutions, wherever the sick are found, we stand ever ready, ever waiting, for the trial and the work. You are interested; and if the "regulars" decline this fair examination of the merits of our system give us the institutions as a whole, by right and justice, and by reason of their ignominious retreat when asked to make the trial. Why should the American Medical Association prattle about a consulting rule of ethics, when consultations, many and often, have been held between prominent members of the two rival schools? The garments of a Beaconsfield or a Garfield were of such official importance and luring beauty that the old profession permitted bedside consultations between members of both schools over these honoured and valued men, and an interested and afflicted public encouraged and upheld the action. The medical codes of the two greatest English-speaking and the most influential nations of the world were thrust aside as though they had no existence, and "sectarian" brothers "met" by choice and not by chance. The more homespun gait of the lesser official and unofficial laity seems too humble to afford a repetition of the courtesy then demanded and granted. Are we to believe that it was compulsory magnanimity on the part of the old codists?

"REGULARS" TAKING A SIMILLIMUM DOSE."

The assumed "regulars," to cure the ugly little pet born to medicine in Germany, prescribed "social and professional ostracism." This was their remedy. It fell into their own cup and now they are drinking it themselves. They have tried to force it down that giant, the laity, but here they struck a solid, immovable, impenetrable barrier, and the dose returns like an unexpected recoil, and 10,000,000 out of the great American lay population in this country are masters and victors. To the 75,000 professional men arrayed with the haughty ancient plume and holding the pestle as the "Æsculapian shalalah" over the heads of the little band of eight thousand faithful medical reformers these ten million are saying: "These are my little ones. I have adopted them into my family; harm them not, for they shall grow to be rulers and princes and kings among you."

The Comte de Chambord and his Doctors.

That "child of miracle," the Comte de Chambord, has proved as great a puzzle and as great a disappointment to his doctors in his disease and death, as he was to his political adherents whilst he posed as a pretender to the crown of France, but always found some excuse for not assuming it when it seemed within his grasp. The long story of his illness the whole world read from day to day, and we were all charmed to learn that the most scientific and eminent doctors of Germany and France were summoned to his bedside to give the illustrious patient the benefit of their wisdom and experience. Drs. Drasche and Meyer, assisted by the famed Dr. Billroth of gastrotomic fame, represented the German element in the medical galaxy, while Dr. Vulpian was the French ingredient introduced to qualify Teutonic sagacity. The chief symptoms observed were: great pain some ten minutes or a quarter of an hour after the ingestion of the smallest quantity of food and a tumour, very sensitive to the touch, and apparently about the size of the palm of the hand, situated rather to the right of the median line in the epigastrium. The disease was of long standing, and was ascribed by some of his doctors to the patient having tried to reduce his embonpoint by the Banting system of diet.

The collected medical wisdom agreed unanimously that the disease was cancer, but they were not sure whether the cancerous

tumour was in the walls of the stomach or external to them. They likewise agreed not to breathe a syllable of these suspicions to the patient, but to tell him that he had only a severe catarrh of the stomach that reached from the stomach some distance up the œsophagus, and that a cure was certain—at least this is what Vulpian says he told the patient. Vulpian prescribed: milk diet, pills of *Bichromate of potash* and inunctions of *Iodine and Belladonna ointment* over the epigastrium. We should like to know his reasons for prescribing *Bichromate of potash* in a case of such violent irritation of the gastric mucous membrane; it does not seem to fall in with any allopathic idea as to the nature of the disease, whether the supposed cancer or the alleged catarrh. It looks as if Dr. Vulpian had been looking into some homœopathic handbook, and was endeavouring to apply his imperfectly acquired homœopathic knowledge; making an experiment, in fact, on his royal patient. Perhaps Dr. V. is a “stalwart” republican, in which case “*fiat experimentum in corpore regali*” might be to him much the same as the old familiar reading of the saw.

But in spite of milk-diet and *Bichromate of potash*, and in spite of all the medical wisdom of Germany and France, the last of the French Bourbons died, as we all know. His wife would not hear of an autopsy, but as she wished him to be embalmed, a post-mortem examination was perforce made. The epigastric tumour was found to consist of fat and some swollen—not cancerous—mesenteric glands. The pyloric end of the stomach was free from induration and was not narrowed. The lower fifth of the œsophagus was studded with ulcers, and there were also some small ulcers on the mucous membrane of the stomach to within a few centimetres of the pylorus, but only one which at all resembled those seen in the œsophagus. The condition of the other organs was little altered from the normal, except that the heart was slightly fatty, and the kidneys were very slightly granular on their surfaces. Dr. Vulpian, while confessing the serious error in diagnosis committed by himself and his German colleagues in this case, tries to excuse himself by saying that in all his experience, which is great, in post-mortem examinations, he has never yet met with ulceration of the lower part of the œsophagus. Be this as it may, we find in von Ziemssen's 8th vol. a full description of catarrhal ulcers of the œsophagus, which in a large proportion of the cases the

authors assert are found in the upper part of that tube; but this statement almost implies that in a smaller proportion of the cases the ulceration is in the lower part of the tube.

Any way we can have no hesitation in saying that the Comte de Chambord was muddled to death by his doctors, who mistook his disease completely, and consequently failed to adopt a treatment appropriate to the real malady. Supposing he had had a homœopathic adviser, who, guided by the symptoms and unbiassed by theoretical speculations, would have treated him with small doses of *Arsenicum*, *Merc. corr.*, or even *K. bich.*, might not the result have been different?

The Calcutta School of Homœopathy.

THIS School was established on the 15th February last at 45, Beniatollah Lane, (City College Premises), to meet a great want felt among the medical as well as the general public. Its object is to disseminate the principles and practice of homœopathic therapeutics. The homœopathic treatment is now recognised as that of the most advanced and rational mode of therapeutics.

For the present, the following courses of lectures will be delivered:—"Principles and Practice of Medicine," by M. M. Bose, Esq., M.D., L.R.C.P. (Edin.), &c., on every Thursday at 4.30 p.m. "Materia Medica and Therapeutics," by P. C. Mojumdar, Esq., L.M.S., on every Monday, at 4.30 p.m. "Principles of General Anatomy and Physiology," by B. L. Bose, Esq., L.M.S., on every Wednesday, at 4.30 p.m. L. Salzer, Esq., M.D., will also lecture once a week.

Virchow in a Scrape.

As we learn from the *Lancet* of June 30th, 1883, the great Professor Virchow, the self-constituted judge and executioner of the Hahnemannian quackery, has himself incurred the censure of the Aertzevereinbund, a sort of medico-ethical Vehmgericht, for giving a testimonial in favour of a secret quack nostrum called the *Pilulæ Helveticæ* of a certain Dr. Brandt. This nostrum-vending doctor was not slow in advertising the certificate of the

great professor, and the Bund with a courage that merits praise were down upon him in spite of his European reputation. But the *Lancet*, which would have highly approved the action of the Bund had it only affected some medical obscurity, apparently thinks that the great Virchow, like the king, can do no wrong—so it censures the Bund for its audacity and thinks that the illustrious “Virchow should not have been subjected to molestation.” Such sycophantish toadyism on the part of the English periodical is sickening. Only three pages back the *Lancet* highly approves of the conduct of Dr. Flint, of New York, in leading an assault on the liberal conduct of the New York Medical Society which, as most of our readers are aware, a short time ago abrogated the law of their code which forbade the consultation of its members with homœopaths, and substituted for this permission to its members to consult with any registered or qualified practitioner. Perhaps if the illustrious Virchow were ever to do such an improbable thing as to give the benefit of his opinion to a qualified practitioner who was a believer in Hahnemann’s therapeutic rule, the *Lancet* might be induced to read him a lecture on his ethical depravity; but to give a testimonial for some quack pill is but a venial offence—nay not an offence—a meritorious act on the part of the great professor—according to the *Lancet*.

Prince Bismarck and his Doctors.

“It is pretty well known that this illustrious Prince suffers much from violent neuralgias, which sometimes make their appearance as sciatica, and sometimes as tic douloureux. He is sometimes attacked by an inflammatory affection of the veins of the foot, as well as by ailments of various kinds, the results of colds and gastric disorders. It would, moreover, appear from the Berlin correspondent of our contemporary, the *Allgemeine Wiener Medizinische Zeitung*, that he has never cherished any feelings of regard for his medical attendants; at any rate, he has never given expression to them, and it has been his constant habit to dismiss them whenever the fancy took him. It has often enough happened that he has discharged a practitioner of ordinary medicine to take up with a ‘homœopath,’ and sometimes to have both

kinds in attendance at the same time. As he has said, 'The method of treatment is of less consequence to him than the result.' Sometimes he has fixed a time for his attendant within which he has required to be cured, or at least rendered fit for work. If the result has met the requirement, the patient has been content, but he has never had a word of acknowledgment or thanks for his medical adviser. When he was Deputy in Frankfort he was attended by the then Regimentsarzt, now Director of the Imperial Health Office, Dr. Struck. When he was first in Friedrichsruhe, Dr. Cohn, of Hamburg, was his attendant. When in Varzin he had a third. In Kissingen he consulted Dr. Diruf. His wife is a believer in homœopathy, as well as a trafficker in a nostrum (made from magpies' wings) for the cure of epilepsy, and for some reason—perhaps influenced by his wife—he was for several years under treatment by professors of the 'School of Homœopathy.' Three years ago he returned to the rationalists, and consulted Professor Frerichs, whom he had consulted many years before; but within a short time he had made another change, and called in the professional man under whose care he now is. The present favourite is a Dr. Schweningen, of Munich. This individual is a young man, thirty-three years of age, who, starting with brilliant prospects, has already succeeded in shutting himself out from relationships with most respectable families in consequence of some indiscretion in connection with the wife of another medical man, one result of which was that both parties suffered a term of imprisonment. Bismarck, however, requires only medicine from his doctor, and the young man found his moral, or immoral, behaviour no bar to the Prince's favour. With such a history before us it requires no great effort to imagine that the 'iron' Chancellor is not a very desirable patient; and those who are not the recipients of his favourable notice may console themselves when they see others preferred before them by the thought that, if the fortunate one is chosen to much honour, much is required to counterbalance the many disagreeables incident to the position of *Leibarzt* to one who knows not what consideration for others and gratitude are."

—*The Medical Press*, Sept. 5th, 1883.

This article does as much honour to the heart as to the head of our contemporary. It was evidently prompted by *esprit de corps*, by a sense of the solidarity existing among all members of the

'great medical trades' union, for it is not the least likely that the editor would ever have the chance to experience the German Chancellor's patronage to be followed by his ingratitude. It is, we may suggest, hardly likely that the illustrious prince could feel much gratitude to a parcel of doctors who never seem to do him a bit of good; though no doubt they all accept his fees with effusion. But what envenoms the dart discharged by the editor is the knowledge that the patient is not constant to the doctors of the union, but that he will occasionally call in those black sheep and knobsticks the homœopaths. That he should have remained constant to homœopathy for several years is an offence that deserves condign punishment. Probably the explanation of this surprising misconduct is that he got more benefit from homœopathic treatment than from the old routine practice. Perhaps his homœopathic doctors have not to complain of the ingratitude of their patient so much as his allopathic doctors seem to do. With such contempt for their profession as the all-powerful Chancellor seems to have, we conclude there is not much chance of many of our German colleagues being ennobled at the present time; and we fear our English colleagues at the British Medical Association, in Liverpool, did not display that capacity for calm deliberation and discussion that would qualify them for those seats in our House of Lords, which their president seemed to think would be mutually advantageous to doctors and lords.

Melbourne Homœopathic Hospital.

We have received a copy of the *Argus*, of Melbourne, containing an account of the Annual Meeting of the Governors of the Homœopathic Hospital. From the report read by the Secretary we learn that during the past year 1426 patients were treated. Of these, 137 were treated in the hospital, the others were out-patients. We learn with regret that one of the staff of the hospital, Dr. Robert Ray, lost his life by an accident. Dr. Maffey was elected to the vacant post. A fund is being accumulated for the erection of a new hospital, which is to be commenced shortly. Dr. Maffey gives a course of lectures on nursing to women, which are well attended. We wish all success to our antipodean friends.

BOOKS RECEIVED.

The Family Homœopathist. By E. B. SHULDHAM, M.D.
Sixth Edition. London: Gould and Son.

Twenty-fourth Annual Announcement and Catalogue of the Hahnemann Medical College and Hospital, Chicago.

The Argus. August 1, 1883.

The Prophylactic Power of Copper in Epidemic Cholera. By A. de N. WALKER, M.D. London, 1883.

On the Nature and Treatment of Asiatic Cholera. By W. WAKEFIELD, M.D. Paris, 1883.

Revista Homeopatica Catalana.

The Calcutta Journal of Medicine.

Boletin Clinico del Instituto Homeopatico de Madrid.

The Medical Counselor.

Rivista Omiopatica.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Homœopathic World.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The North American Journal of Homœopathy.

The New England Medical Gazette.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homöopathische Zeitung.

Homœopathic Journal of Obstetrics.

El Criterio Medico.

New York Medical Times.

The Clinique.

Bibliothèque Homœopathique.

L'Art Médical.

The Medical Call.

The Homœopathic Physician.

Indian Homœopathic Review.

PATHOGENETIC RECORD.

AN ARRANGEMENT OF THE

PHYSIOLOGICAL AND TOXICOLOGICAL EFFECTS OF DRUGS.

COLLECTED FROM MEDICAL AND GENERAL LITERATURE.

By E. W. BERRIDGE, M.D.

Prefatory note.—As explained in the preface to vol. i, I have no longer time to *complete* either the "Index to Cases of Poisoning," or the record of the cases themselves. The present and future volumes will therefore contain only those which I have already copied in MS.

Addenda and errata to vol. i (accidently omitted at the close of the volume):

Page 45. Case 48 should be credited to Dr. J. H. Salisbury.

Page 51. Case 52 should be credited to Dr. S. W. Williams, and the following added:—"Since the poisoning has not been able to take, nor has had any inclination for, spirits, in which he used to indulge freely. Even the smell of spirits is most disgusting to him."

Page 74. Case 84 belongs to Dr. Ruthnum Moodelly.

Page 146. Case 105 is editorial. Also Case 110, p. 81.

Page 161. Case 25 is copied from *Quarterly Journal of Calcutta Medical and Physical Society*.

Page 222, last line. For *boys* read *girls*.

Page 223, line 1. For *girl* read *boy*. Line 6, for 5th read 4th. Line 7, for 6th read 5th. Line 10, for 5th read 4th. Line 26 should read "Jan. 5th, at 11 a.m., boy is not now sick or thirsty; vomited throughout last night."

Page 224. Case 119, line 12, for *imbibed* read *inhaled*.

Page 225. 4th line from bottom, for *Monat* read *Mouat*.

Page 325. Case 283, for *Annalist* read *New York Annalist*.

FUNGI.

1. *Philosophical Transactions*, 1844, vol. xliii, p. 51.

Paper by Mr. William Watson.

Pliny describes the *Boletus* which killed the Emperor Claudius.

Reference is made to cases of poisoning recorded in the works of Clusius, John and Caspar Bauhin, Ray, Morrison, Tournefort, Vaillant, Dillenius (in his *Catalogus Gissensis*), and Micheli (in his *Nova Plantarum Genera*).

John Bauhin says that he rubbed his eyes with a fungus growing in England, called by Caspar Bauhin "*Fungus albus acris*," and it brought on a violent irritation on his eyelids.

Micheli describes a species which caused two persons to be seized in two hours with violent pains in the bowels.

2. *Medical and Physical Journal*, 1800, vol. iii, p. 41.

By Mr. Everard Brande. Poisoning by *Agaricus glutinosus* (Curtis, in *Flora Londinensis*); called by Dr. Withering *Agaricus semiglobatus*. See also No. 19 of Sowerby's *English Fungi* (published in 1800), and figs. 1, 2, and 3 of Table 248.

A man and his four children ate some of these mushrooms stewed about 8 a.m. About 9 a.m. Edward, æt. 8, was attacked with fits of immoderate laughter. To this succeeded vertigo and a great degree of stupor, from which he was roused by being called or shaken but immediately relapsed. The pupils were at times dilated to nearly the circumference of the cornea, and scarcely contracted at the approach of a strong light; his breathing was quick; his pulse very variable, at times imperceptible, at others too frequent and small to be counted; latterly very languid; his feet were cold, livid, and contracted. He sometimes pressed his hands on different parts of his abdomen, as if in pain, but when roused and interrogated as to it he answered indifferently "Yes" or "No," as he did to every other question, evidently without any relation to what was asked.

About the same time the father, æt. 40, was attacked with vertigo, and complained that everything appeared black, then wholly disappeared. To this succeeded loss of voluntary motion and stupor; pupils dilated; pulse slow, full, and soft; breathing

not affected. In about ten minutes he gradually recovered, but complained of universal numbness and coldness, with great dejection, and a firm persuasion that he was dying. In a few minutes he relapsed, but recovered as before, and had several similar attacks during three or four hours, each succeeding one less violent and with longer intermissions than the former.

Harriet, æt. 12, was attacked also at the same time with slight vertigo. She had two or three attacks of it, with some languor.

Edward had great difficulty in swallowing, and, when relieved by treatment, complained of coldness and insensibility about the stomach. By 4 p.m. every violent symptom had ceased, drowsiness and occasional giddiness only remaining, both of which, with some headache, continued during the following day.

Charlotte, æt. 10, was suddenly attacked about 10.30 a.m. with vertigo and loss of voluntary motion. Pupils very much dilated and sight greatly impaired. These symptoms soon gave place to a degree of delirium, in which she refused to take anything, forcibly striking whatever was offered to her. After treatment had removed these symptoms she was wholly unconscious of anything that had passed since their commencement. Her pulse, which hitherto had not been much affected, was now irregular, and continued so, though in a less degree, during the whole of the day.

Martha, æt. 18, was attacked about 11 p.m. with symptoms exactly the same as those of Harriet.

3. *Medical and Physical Journal*, 1808, vol. xxi, p. 14.

By Dr. Royston.

Wild, but not furious, delirium, slow and feeble pulse, tremors, *subsultus tendinum*, and a singularly expressive character of intoxication, were the symptoms which indicated the action of the poisonous Agaric; and by those who recovered an interesting account was given of the recollected intellectual derangement. The *Agaricus muscarius* is used as an agent of intoxication. Soon after swallowing it the persons are described as being seized with convulsions in all their limbs, then with furious delirium; a thousand phantoms, gay or gloomy, are presented to their imaginations; some dance, others are seized with unspeakable horrors. Sometimes the poison impels them to suicide, murder, or other dreadful crimes.

4. *Medical and Physical Journal*, 1804, vol. xii, pp. 385 and 512.

By Dr. Samuel Argent Bardsley. Case of poisoning, apparently by the *Agaricus bulbosus* of Sowerby (Plate 180).

The following is the description of the fungus :

Stalk central, solid, bulbous at the base, gradually attenuated upwards, curved, ascending ; brownish buff. Length from 3 to 4 inches, diameter at base from $\frac{1}{2}$ to $\frac{3}{4}$ inch. Ring cobweb-like, or wanting ; no wrapper.

Pileus brown-buff, darker in the centre ; somewhat convex, slightly bossed, margin turned in. Diameter from $1\frac{1}{2}$ to 4 inches.

Gills buff, somewhat decurrent, giving a scored appearance to the stalk, as low as the ring or remains of the curtain ; very numerous, four in each series ; two of the loose gills very small, the middle one extending more than half way to the stalk.

A boy, æt. 5, ate some of the above. In about two hours he was led home in a state of alarming illness. He seemed to stagger like a person intoxicated, and with odd gesticulations laboured to express his sufferings, but was unable to articulate a single syllable. When I first saw him, about two hours after his first seizure, he appeared partially delirious, and uttered faint and indistinct screams. Pulse was slow, small, and somewhat irregular. Pupils much dilated and vision imperfect. He seemed very averse to lying down, and his restlessness and impatience led him to make frequent attempts to walk about the room, but without any fixed object or design. His gait and gestures were those of a person inebriated. He was unable to answer questions or to express his feelings by words. Slight convulsive motions might be perceived in the legs and arms, which gradually extended to the muscles of the trunk and produced irregular distortions of the whole body. The upper extremities began to swell, and assumed a livid colour, and the abdomen felt hard and rather tumid. After treatment (which caused purging, sweating, and vomiting of an offensive greenish fluid) he improved, and seemed like a person just roused from a long and deep sleep, unconscious of anything that had happened to him. Next day he was well except some languor and debility.

5. *Medical and Physical Journal*, 1809, vol. xxii, p. 508.

From the *Moniteur*, November 9th, 1809.

Three people ate a mixture of the fungi known as *Pinodossa*,

which grows at the foot of fir trees, and those called in France *Catalans*. At midnight all three had nausea, pains in bowels and debility, One, an old woman, had acute pains in kidneys and bowels, and a great debility.

6. *Medical and Physical Journal*, 1810, vol. xxiii, p. 68.

Review of "*A Treatise on Champignons*," by M. Paulet, M.D.

This work contains some cases of poisoning, and should be examined.

7. *Medical and Physical Journal*, 1806, vol. xv, p. 247.

By John Whitlam. Poisoning by *Agaricus campestris*.

A lady, æt. 36, ate some mushrooms.

September 26th.—Had pain in throat and considerable difficulty in swallowing; the fauces were dark red, no ulceration, and not much swelling. Stomach seemed distended and loaded; the stomach had been thus for some days, with frequent and disagreeable eructations. Ordered an emetic, liniment and gargle.

27th.—Throat not quite so red; great difficulty in swallowing, which she described as proceeding from an enlargement of the root of the tongue. Tongue moist at edges, but the rest of it covered with a light-coloured fur. Ordered a blister from ear to ear, and a purgative.

28th.—Tongue so much enlarged that she could not speak intelligibly; it was covered, as far as could be seen, with a very thick, dark-coloured substance. Ordered liniment of borax and purgative.

29th.—Swelling much less; she was better in every respect.

October 3rd.—Tongue nearly natural in size and quite clean. About this time the right submaxillary glands became enlarged; the swelling extended down the greatest part of the neck, and there was great soreness about the thyroid cartilage. Ordered a liniment and poultice.

6th.—Soreness nearly gone; swelling of glands and neck increased and very painful.

9th.—A large blister was applied to the swelling, and as the sense of weight and distension of stomach had returned, an emetic was given. The blister discharged a fluid like pus, which seemed to proceed from every part where the cuticle had been

detached. The pain got better, but returned with redoubled violence when the part healed. The lower part of the tumour then increased in size; it was poulticed, and in a short time burst, and discharged a large quantity of purulent matter. In the beginning of November it healed and the pain returned, extending to the ear of the same side. Blisters were applied continuously to the arm, and before Christmas she was well.

The patient said she had eaten mushrooms the day preceding her first indisposition. She said her *pudenda* and *mammæ* had become enlarged and painful previous to her throat being affected, after which they ceased to trouble her.

8. *Medical and Physical Journal*, 1808, vol. xx, p. 457.

By John Parrott. Poisoning by *Agaricus glutinosus* (Curtis, Lond., fasc. 3, t. 69), — *semiglobatus* (Withering, 3rd ed, vol. iv, p. 270).

On October 10th six persons (William Atwood, æt. 45, Eliza, æt. 38, Mary, æt. 14, Hannah, æt. 11, Sarah, æt. 7, Eliza, æt. 5) ate them stewed in an iron vessel at 1 p.m. Within ten minutes they felt their spirits exhilarated, and the eldest daughter said to her mother, "How funny you look." About 6 p.m. they were seized with stupor, which was not of long continuance; this was soon succeeded by violent pain in the bowels, accompanied with violent vomiting and copious purging, which lasted till the following afternoon.

12th.—Mary so far recovered as to walk a quarter of a mile. In the evening the symptoms returned. The 13th evening she became convulsed, and died at 2 a.m. of 14th.

Hannah recovered after severe vomiting and purging.

Eliza (the child) became convulsed when *Mary* did, and died half an hour after her.

Sarah had continual extreme pain in bowels, worse on pressure. She died in convulsions on the morning of 15th.

On 14th the vomiting still continued in the parents. On the same night the mother miscarried (she was two months pregnant). They both recovered.

During this time the pulse in each patient was quickened, and varied from 100 to 120. Tongue parched and slightly streaked with white. Urine was secreted in very small quantity.

9. *Medical and Physical Journal*, 1808, vol. xx, pp. 566-7.

Case of poisoning quoted (not translated) from *Journal de l'Empire* of December 7th, 1808.

Case of poisoning (probably) is reported by P. de Bruyn.

The mushrooms which caused these symptoms were characterised by their pyramidal *cacumen* and tortuous stem; they became gluish on being bruised. They were probably the *Agaricus cacumenatus* of Withering.

A man and his wife ate some, and were almost immediately attacked with giddiness, headache, redness of conjunctivæ, and dilated pupils. The woman had also slight insensibility and stretching out of the arms and legs, so that it was not without difficulty she could be made to sit down.

10. *Medical and Physical Journal*, 1811, vol. xxv, p. 123.

Reference made to Pennant, *Art. Zoo.*, i, 118, for effects of *Agaricus muscarius*.

11. *Lancet*, 1856, vol. i, p. 716.

An intemperate man ate some mushrooms on August 26th, after which he had pain in bowels. On 28th complained that his stomach ached at 9.30 a.m., and went to bed again. At 2.30 p.m. there was slight tenderness on pressure over the stomach, which appeared somewhat puffed and bulging out the epigastric region. Some agitation of the hands. At 10 p.m. he was dead. *Post mortem*.—Body very much decomposed. Abdomen externally appeared greatly distended. Some injection of the vessels of the great omentum near to the great curvature of the stomach. Mucous membrane of stomach highly congested, especially at its larger end, where it was of a dusky-red colour. Œsophagus inflamed. It was the opinion of the surgeon who saw him that the mushrooms augmented a chronic inflammation of the stomach caused by intemperate habits.

12. *Medical and Physical Journal*, 1815, vol. xxxii, p. 364.

By Dr. J. Adam.

Some children ate some *Agaricus muscarius* (described by Lightfoot in his *Flora Scotica*).

CASE 1.—A girl, æt. 8. October 9th. This patient had eaten one the previous evening and six more this day at 3 p.m. About 5 p.m., after tea, she complained slightly of soreness of abdo-

men. On moving across the room she cried out that she felt giddy, and instantly fell down senseless and motionless. When carried to bed she uttered a wild cry and her eyes looked fierce. Emetics were given without effect. At 6.15 p.m. she was stretched out in bed comatose, countenance somewhat swollen and of a ghastly leaden aspect; pulse greatly intermittent and tremulous, and scarcely to be felt; eyes pulled up towards the angles of the orbits and fixed immovably in their sockets; occasional startings of limbs, and severe convulsive motions of the head and upper part of the trunk. There was complete unconsciousness. The whole body was unusually cold; heart's action greatly laboured. Cold water was now dashed on the chest. Making a sudden start, which raised her head from the pillow, she opened her eyes, and for a few seconds stared wildly around. An injection was given, which caused a free evacuation; also the emetic was repeated and warmth applied, &c. The power of swallowing was much impaired. The emetic caused her once to vomit a little mucus mixed with saliva. This roused her, but she quickly relapsed into her former lethargic state, and the symptoms increased, the convulsions becoming more violent, longer in their duration, and recurring at shorter intervals, and the coldness and rigidity were extreme. *Ammonia* was given her and rubbed on the face, and rum-and-water given. The jaw was rigid, and the muscles of pharynx and gullet paralysed; there were involuntary motions of head while giving the medicine. Heat was applied and cold water dashed on chest; the latter application was followed by a violent movement of the upper parts of the body and a wild kind of scream, and the pulse became for a little more regular and fuller. A turpentine enema brought away a fetid copious motion. Stimulants were continued, and the pulse became regular but weak and quick, being above 130. In three hours' time there was no change, except in the pulse. She was put into a warm bath for ten minutes, and her pulse then became fuller and less quick, being reduced to 80. Mustard was applied to stomach and soles. Soon a general perspiration broke out, and the heat of the body was sensibly increased to the touch though yet below the normal standard; the extremities were even more convulsed, and the muscles of the calf became permanently contracted, and felt under the hand rigid and hard; but the upper part of the body was much less affected than at

first. Pulse got quicker again, seldom continuing steady for half an hour, but the breathing was natural with the exception of a strange sound once or twice emitted. The mustard was removed after two hours and had produced redness of skin. Some colour now appeared in the face, and she seemed much better. The starting of the limbs occurred less frequently, and at twelve I considered her out of danger. The skin was moist, body more warm, pulse 125 to 130. In twenty minutes was in a sound sleep, breathing easily, face a little flushed, and the convulsions affecting her at longer intervals. She continued in the same profound sleep without change, except that a considerable sweat broke out, till 5.20 a.m., when she first opened her eyes and turned the eye in the orbit, seeming to look around her without any consciousness of perception. She then fell back again and slept till 6.45 a.m., when, suddenly starting up, she threw down the bed-clothes, calling out at the same time to take them off from her, and seemed quite sensible. She then vomited up some of the mushrooms. She then asked for drink, and complained much of a soreness of the head and neck, so that she could not swallow. Afterwards she vomited more, and had ineffectual retching. In the morning her pulse was 120, weak, but regular. Now and then during the day she had involuntary motions of the legs. Thirst considerable; pulse in afternoon 110. During the night slept nearly as usual, but with frequent startings. On 11th took breakfast with appetite; pulse 100, small. On 14th pulse was irregular.

CASE 2.—A boy, æt. 8, ate one, which was rejected by vomiting.

CASE 3.—A boy, æt. 9, ate one, and during the night had soreness of the abdomen.

CASE 4.—A boy, æt. 4, ate some. On evening of same day had pain in belly, which lasted all next day.

CASE 5.—A boy, æt. 3, ate some. He was taken ill the same evening, vomited and purged much, belly swollen and tense, cold sweats broke out in different parts, and the body generally was colder than normal; great thirst. He ate some more next day, and again in the evening had vomiting and purging; for several days afterwards he loathed his food.

In Case 4 it had a chronic effect. All the winter he had diarrhœa, and frequent convulsive affections, particularly of the

arms and face; he became emaciated and pale, and lost all relish for food.

13. *Medical and Physical Journal*, 1816, vol. xxxvi, p. 451.

By Dr. G. Glyn.

Oct. 16th.—A man ate some *Agaricus campanulatus* (Linnæus). In about eight or ten minutes sudden dimness or mist before the eyes, lightness and giddiness of head, with a general trembling and loss of power, so that he nearly fell off his chair; to this succeeded loss of recollection, he forgot where he was, and all the circumstances of the case. This loss of memory soon passed off, and he endeavoured to go for assistance, but on his way his memory again failed him, and he lost the road though he knew it well. When I saw him his countenance showed great anxiety; he could scarcely stand, but reeled about like a drunkard; no pain, except transient twitches in his legs; much giddiness, and greatly inclined to sleep; pulse slow and feeble. An emetic was given, but vomiting did not take place for twenty minutes. During this time his sleepiness increased so much that he was only kept awake by obliging him to walk round the room by support; he also at this time had distressing pains in the calves. After vomiting he felt better, but continued drowsy.

17th.—Sleepiness almost gone. Only great weakness and languor.

14. *Boston Medical and Surgical Journal*, 1852, vol. xlv, p. 288.

Two officers of the Belgian Cuirassiers at Bruges died on October 10th from eating mushrooms. A few hours after eating them they were seized with a horrible and agonising colic. After suffering the most horrible agonies the whole night, during which one of them broke his back from the violence of the convulsions, they both died towards morning. The species seems to have been the *Agaricus campestris*.

15. *Boston Medical and Surgical Journal*, 1859, vol. lix, p. 78.

By J. M. Harlow, M.D.

Four persons, a man, his wife, and two children (a boy, æt. 10, and a girl, æt. 7), ate some mushrooms on the evening of July 27th, 1858. In the morning of next day the girl complained of a pain in occipital region, with dizziness and nausea,

and vomited frequently during the day. The rest had only suffered from vertigo.

On 29th all the above symptoms of the girl were increased, to which were added purging, excessive thirst, pains in stomach and bowels, along the spine, and in the ankles, with clonic spasms and occasional delirium, incoherent talking and muttering. She passed a disturbed night, with the same symptoms increasing in degree, having lucid intervals and intervals of rest. Towards morning, in the wildness of her delirium, she rose from bed and walked into the garden. At last she sank into a profound coma, and died at 1 p.m. on the 30th.

On 29th the father and boy began to complain. He was obliged to leave his work on account of dizziness, and said he felt as if intoxicated. He vomited once or twice during the day, had some diarrhoea, and complained of pain in the occiput and ankles. The mother was similarly affected on the morning of 30th. On afternoon of 29th the boy began to purge, and vomited occasionally during the night; the purging increasing very much on 30th. The boy had nearly the same symptoms as the girl from this time till he died, viz. extreme restlessness, thirst, spasms, vomiting, purging, and wild delirium.

At 9.30 a.m. on 31st the boy was in the following state:—Decubitus upon the back, inclined to left side; skin about the mouth, face, head, and neck of a slightly livid hue; the whole surface of the body of normal temperature; entirely unconscious; breathing stertorous, and ten per minute; pupils contracted, but eyeball not fixed; tongue dry and swollen, the surface covered with inflamed patches; spasmodic jerking of the muscles of the extremities, and tonic contraction of the dorsal and lumbar muscles, amounting to decided opisthotonos; abdomen tympanitic; pulse 110 and irregular. Died in two hours.

The specimen shown, which was said to be like those used, resembled the *Agaricus campestris*.

16. *Southern Journal of Medicine and Pharmacy*, 1847, vol. ii, p. 224.

Quoted from *Journal de Chimie Médicale*, November, 1846.

Two ladies ate some mushrooms for dinner. At 2 a.m. the youngest, æt. 18, was awake by very severe pains, and her mother soon had the same symptoms. The next day the pains

continued; symptoms analogous to those of cholera supervened. The younger lady died in fifty-two hours, and her mother a few hours after. The mushrooms belonged to the species known as the *Bulbous agaric*. They are very white beneath, and the stem is much enlarged at its base, but it is surrounded by a valve, which envelopes it entirely beyond its expansion; it is very thin, and the pellicle which covers the head is of a greenish-yellow colour. Insects never touch it, and it never grows except in the shade of forests.

17. *Medical Times and Gazette*, 1863, vol. ii, p. 536.

By Dr. John Taylor.

A boy, æt. 13, ate some fried fungi at 8.30 a.m. In one hour and a half he vomited. Soon after 6 p.m. he said he felt bad, and vomited violently. He took some salts in warm tea; purging soon followed with severe paroxysmal abdominal pain. The vomiting, purging, and pain continued till 6 a.m. next day. At 11.30 a.m. he had constant pain in bowels, worse at intervals; slight tenderness over the general surface of the abdomen, particularly over the course of the transverse colon; vomiting every ten minutes; great thirst; surface warm and perspiring; pulse about 90, soft and compressible, and he seemed somewhat depressed. At 2.30 a.m. of next day he complained that he had not passed any urine since the morning, but constantly wanted to do so. In half an hour he was said to be dying. He had been assisted out of bed to urinate, had made a croupy noise, and then fainted. He was now in bed, lying on his back with the knees drawn up. The vomiting, which had abated during the day, had returned, and he was again purged. He was now much exhausted, the pulse almost imperceptible at the wrist, and the heart's action very feeble. He had great pain, especially above the pubes and at the epigastrium, extending thence to between his shoulders and up his chest. General tenderness, but no swelling of abdomen. "Pins and needles" in his feet and buttocks. He died in about an hour.

Post mortem thirty-six hours after death. Left ventricle of heart contracted and empty; a little fluid blood in both auricles. Walls of abdomen flat and flaccid. Congestion of stomach and small intestines, the vessels having a bluish-red appearance through the transparent peritoneum, the bluish-red appearance

diminishing in intensity towards the cæcum. A few ecchymosed patches near the pyloric end of the stomach. Spleen congested, and fluid blood oozed from it on section. Liver large, pale fawn colour, the ducts loaded. Gall-bladder full. Half an ounce of urine in bladder.

18. *Lancet*, 1828-9, vol. ii, p. 93.

A case occurring at the Hôpital St. Antoine, translated from *Journ. Hebdomad.*

A woman, æt. 30, and her husband were admitted on May 27th, 1828, having eaten the day before a quantity of white champignons for breakfast; two hours after which she had sickness, and soon after violent vomiting of black matter and profuse diarrhœa. On her admission she was in a very precarious state; in the course of twenty-four hours she had vomited more than sixty times, and the diarrhœa had been almost incessant. The abdomen was free from pain even on pressure, but vomiting was very painful, and accompanied by hiccup and extreme anxiety; the pulse was very small and frequent, the countenance expressive of distress, the lips and nails of fingers livid, the whole surface of the body cold. She was perfectly sensible, but very weak, and complained of an oppressive fainting sensation at the epigastrium. The head was free, and respiration tranquil. Blisters to thighs, emollient injections, and milk were ordered. Next day no change, except that the diarrhœa was somewhat less; the face was livid, the extremities cold, and the pulse could hardly be felt; the abdomen continued free from pain; respiration was not laborious, although the patient expressed by signs that she was tormented by a feeling of suffocation and violent oppression at the sternum. The remedies were continued, and fifteen leeches applied to the abdomen.

On 29th vomiting less, otherwise the same. On 30th vomiting ceased; she seemed to feel much better though extremely weak. She complained of a slight pain in the head and giddiness. On 31st the latter symptoms had increased, and on June 1st she was found in a comatose state, from which it was impossible to rouse her; the eyes were half opened and rolled from one side to the other; all voluntary motion appeared extinct; the pulse was imperceptible, and the heart's pulsation could scarcely be heard with the stethoscope; respiration was very slow, and the extremities

cold. At noon she made a sudden effort to vomit and died immediately afterwards.

Post mortem.—Brain very firm and much injected; sinus of dura mater gorged with dark blood, of which a considerable quantity was extravasated on the surface and at the base of brain. The thoracic cavity contained about four ounces of dark-coloured liquid blood. The lungs were dark brown, very solid, and without any trace of vessels or air-cells. On pressing the substance, which was very like that of the spleen, no crepitation was produced, and a thick blackish fluid was seen oozing from it. The mucous membrane of trachea and bronchi was a brown-red. The heart contained a dark grumous blood, its internal surface and the pericardium were injected. The mucous membrane of the stomach, especially at its greater arch, was softened and covered with black gangrenous patches, which were also found on its peritoneal coat; the internal tunic of the small intestines was injected, and in some places evidently gangrenous; the ascending colon was softened and gangrenous throughout. Liver and kidneys were full of blood but healthy.

The husband of the above, æt. 46, was likewise seized two hours after breakfast with sickness, which ended in frequent vomiting and diarrhœa. On his admission most of the symptoms still continued; the diarrhœa had ceased, but he had continual sickness and retching; the extremities were cold, pulse small, face very pallid. There was excessive anxiety, sense of oppression on chest, especially at pit of stomach, and extreme weakness. The abdomen was free from pain, even on pressure. He recovered.

19. *Lancet*, 1829—30, vol. i, p. 758.

Case translated from *Annali Univ. de Cuiusdei*, October, 1829.

By Dr. Carresi.

A family, consisting of a mother, two sons, and two daughters, ate one evening some of the *Agaricus bulbosus* and *vernus*. In two hours they were seized with violent pain in stomach, headache, giddiness, sickness, ardent thirst, and trembling of all the limbs, and had ultimately fallen into a comatose state. The mother and eldest son, who was an adult, vomited freely with considerable relief; the others passed the whole night with violent pain in the stomach, great sickness and retching, ischuria, tenesmus, and general convulsions.

When Dr. Carresi saw them (on October 10th, 1828), all the symptoms continued except in the mother and eldest son, in whom they were somewhat relieved. He at once gave an emetic-cathartic potion and *Carbonate of Ammonia*. On the morning of 11th all dangerous symptoms had subsided except in the youngest boy, who had refused to take the emetic; he was now almost senseless, with general convulsions, trismus, tympanitis, and great dyspnoea; eyes staring, face flushed, extremities cold, pulse hard and intermitting. Under these symptoms he died, apparently suffocated, and within a few minutes after his death the whole surface of the body was covered with *vibrices* and *petechiæ*. The others complained still of very violent colic pains round navel and giddiness, and one of the girls had hiccup.

Post mortem of the boy.—Mucous membrane of pharynx and œsophagus inflamed, stomach and intestines inflamed, and in some places gangrenous; mucous membrane of larynx inflamed; the lungs, especially left, much gorged with blood.

20. *Lancet*, 1836—7, vol. ii, p. 512.

By Dr. D. O. Edwards.

A man, æt. 25, his wife, æt. 23, and son, æt. 4, ate some of the common esculent mushrooms, with which the father had been well acquainted for years.

They had eaten them in the morning, and in half an hour were seized with giddiness and the train of symptoms which follows. When seen in the afternoon they seemed intoxicated; they were in continual motion, either dancing or throwing themselves into grotesque attitudes. Their countenances expressed the highest hilarity, and their consciousness was quite unclouded. On being charged with drunkenness the adults exhibited the most lively indignation. The man was most vividly affected by the poison; his eyes glistened, pupils dilated, pulse full and frequent, no sordes on lips or teeth, tongue clean, breath untainted. He conversed without embarrassment, and said he understood everything around him. He had been affected about an hour, and the order of the symptoms was as follows:—First, he had giddiness; this gradually increased till a dimness of sight supervened. He then appeared to himself as if involved in flame; the hearing became painfully acute, and objects became confused to the eye. He occasionally felt a sentiment of uncontrollable gladness, which

prompted him to the muscular movements. Yet he was fully conscious that he was in a state of preternatural excitement. The woman's sensations were similar to those of her husband. The condition of the child could only be gathered from the obviously excited irritability. A dose of *Sulphate of Zinc* caused vomiting in the woman and child, but had no effect on the man, and in less than an hour his symptoms were worse. The brain was evidently congested; he was stupid and almost comatose; pupils nearly insensible; pulse slow and labouring; respirations deep. He recovered.

21. *London Medical Gazette*, 1840 (vol. i. of New Series), p. 110. Translated from *Bulletin Méd. du Midi*.

October 1st.—Several persons ate at dinner at 6 p.m. some mushrooms. They were identified as being the *Agaricus bulbosus* of Bulliard (*Amanita viridis* of Persoon, or *Agaricus phalloides* of Chevallier's *Paris Flora*). Their poisonous action is also referred to by Vaillant.

CASE 1.—M. O—, the father, felt uncomfortable at 8 a.m. the next day. Anxiety and nausea came on, and then vomiting of mucus and greenish substances with bits of undigested food; copious half-liquid stools containing fragments of a spongy appearance. The vomitings were succeeded by retchings, with general weakness, coldness of the extremities, pale face, burning thirst, and dryness of throat and mouth. During the night cramps came on in the calves and soles, face was contracted, limbs cold and livid, urine suppressed, pulse vanishing. From time to time there were intervals of sinking, but without drowsiness or delirium, and the patient was perfectly himself.

October 3rd.—The cramps and vomiting had ceased; the liquid stools continued but were less frequent; less colic; no pain in head, and but slight tendency to drowsiness. Towards evening, during the night, and particularly on the morning of 4th, the symptoms, which had seemed to diminish, became frightfully intense; the stools, though less frequent, were tinged with deep-black blood. Toward 6 p.m. the debility made rapid progress, yet the patient still preserved his recollection. He died after a death struggle, which lasted thirty or forty minutes.

CASE 2.—M. O—, the son, was attacked on the morning of October 2nd with vomiting, and had copious stools with but little

INDEX TO VOL. XLI.

- Abrus precatorius*, effects on eyes of, 280
Abscess in neck, case of, 223 ; — on fibula, case of, 232
Acetals, 407
Acetic acid, indications for, 393
Aconite, diverse action of, in man and animals, 42 ; —, poisoning by, 298
Aconitine, cases cured by, 264
Actæa rac. in labour, 86
Agaricus bulbosus, poisoning by, App., 11, 14, 16 ; — *campanulatus*, poisoning by, App., 10 ; — *campestris*, poisoning by, App., 5, 10, 13 ; — *esculentus*, poisoning by, App., 15 ; — *muscarius*, poisoning by, App., 3, 7 ; — *glutinosus*, poisoning by, App., 2, 6
Ague, immunity of workers in sulphur mines from, 109 ; —, *quinine* in, 383 ; —, remedies in, 97 ; —, *sulph.* in, 108
Albuminuria, *lead* in, 393
Allantoin, therapeutic uses of, 165
Amaurosis from *tobacco*, 102
AMÈKE's therapeutics founded on human chemistry, 154
Amenorrhœa, *manganese* in, 272
American Homœopathic Ophthalmological and Otological Society's Transactions, 6th Annual Meeting of, 73
American Institute of Homœopathy, transactions of 34th session of, 66 ; transactions of 35th session of, 68 ; —, 40th anniversary of, 415
Amyl nitrite in exophthalmos, 98
Angina pectoris, *naja* in, 93 ; —, *nitro-glycerine* in, 250 ; *sodium nitrite* in, 294
Anthemis in infantile diarrhœa, 273
Antimony, *golden sulphuret of*, in nasal and bronchial catarrh, 76
Anus, irritable ulcer of, *nitric acid* in, 393 ; —, fissure in, *iodoform* in, 403
Arbutin, 405
Arnica in relaxation of vocal organs, 380
Arsenic in lymphosarcoma, 397 ; —, poisoning by, 195
Arsenical paper, poisoning by, 242
Arsenite of potash, poisoning by, 286
Arseniuretted hydrogen, poisoning by, 413
Arundo donax, pathogenetic effects of, 288
Atropia in otalgia, 402 ; —, poisoning by, 411
BATES, Dr., death of, 110
Belladonna, action on eye of, 9 ; —, effects on pupil of, 10 ; —, effects on circulation of eye of, 14 ; —, effects on vision of, 17 ; —, pilules, poisoning by, 198 ; —, poisoning by, 104, 199 ; —, prophylactic of scarlatina, 274
Benzoate of soda in phthisis, 86
Berb. in chronic diarrhœa, 382
Beri beri, *igm.* and *sulph.* in, 86
BERRIDGE, Pathogenetic Record by, App., 1
BISMARCK and his doctors, 421
Bismuth in eczema, 400
BLACK, Dr., death of, 315
Boracic acid in otitis, 387 ; —, poisoning by, 412
Borax in psoriasis, 387
BRAMWELL on the pulse, 263
BRIGHAM on phthisis, 47
British Medical Association at Liverpool, CLARKE on the, 366
Bromide eruption, 283
Bromine, *arsenite of*, in diabetes, 273
Bronchial irritation, *ars. iod.* and *dig.* in, 222
BURNETT's Essays, American edition of, 66
BURNS, TALBOT's treatment of, 398
Caffein, diverse effects of, on different species of frogs, 289 ; —, poisoning by, 290
Calcarea carb., action in eye of, 18 ; — in phthisis, 58
Calcutta School of Homœopathy, 420
Cannabis indica, 411 ; — *sat.*, action on eye of, 19
Cantharis in nephritis, 387 ; —, poisoning by, 287
Cape Town, homœopathic practitioner wanted at, 319

- Carbo**, PROCTER on the preparation of, 151
Carbolic acid, poisoning by, 413
Cardiac asthenia, *cuprum* in, 85
Cataract, *pilocarpin* and *jaborandi* in, 201
Caulophyllin in uterine excitement, 393
CHAMBORD, Comte de, and his doctors, 419
Chemistry, therapeutics founded on human, AMEKE's, 154
Chloral, action in eye of, 20
Cholera, by DUDGEON, 321; — in Vienna, 323; — in Edinburgh, 324; — in Liverpool, 324; — in London, 325; —, treatment committee's report of, 326; —, allopathic treatment of, 328; —, homœopathic treatment of, 329; —, *camphor* in, 330; —, Hahnemann's hypothesis of origin of, 332; —, *copper* as a prophylactic of, 335; —, WAKEFIELD on, 375; —, WALKER on, 376
Cholesterine, therapeutic uses of, 180
Choroid, medicines that act on, 220
Chronic acid in ulcers of tongue, 294
Chrysophanic acid in psoriasis, 275
Cinchonidin, effects of, 278
Cinnamon, metrorrhagia caused by, 381
CLARKE on the British Medical Association at Liverpool, 366; — on an epidemic of scarlatina, 140; —, twenty consecutive cases by, 222
Clematis, action on eye of, 21
Cocain, effects of, 277
Codeia in diabetes, 401
Colchicum, poisoning by, 106
Condylomata, treatment of, 399
Conium, action on eye of, 21
Conjunctiva, medicines that act on, 218
Constipation, *staph.* in, 93
Convallaria majalis, cardiac action of, 277; —, heart, effects on, 277; —, respiration, effects on, 278; —, temperature, effects on, 278; —, blood-tension, effects on, 278; —, therapeutic uses of, 293, 403
COOPER on *sulphur* in ague, 108
Copper in cardiac asthenia, 85; — in facial neuralgia, 272; —, prophylactic of cholera and typhoid, 281; —, prophylactic of cholera, 335; —, sulphate of, poisoning by, 107
Corn silk, 405
Cornea, medicines that act on, 219
Cough, case of, 240
Crotalus, provings of, by HAYWARD, 26; — in scarlatina maligna, 246
Cyst in lobe of ear, case of, 234
Diabetes, *arsenite of bromine* in, 273; —, *syzygium* in, 275; —, *codeia* in, 401
Diarrhœa, *anthemis nob.* in, 273; —, case of, 237; —, chronic, *lyc.* and *berb.* in, 381
Digitalis, action on eye of, 24
Diphtheria, VON VILLERS on, 336; —, cases of, 340, 346, 363, 364; —, *merc. cyan.* in, 342; —, *bromine* in, 400; —, *papoytin* in, 401
Dog, a homœopathic, 313
Doundaki, 407
Dose, ARNDT on the, 98
Doses, small, power of, 276
DRYSDALE, on the chief task of Homœopathy, 1
Duboisia, in exophthalmic goitre, 273, 401
DUDGEON on cholera, 321
EASTMAN on the treatment of ulcers, 79
Eczema, *bismuth* in, 400
Eger, mineral waters of, 261
Endometritis, remedies for, 393
Enuresis, *equisetum* in, 85
Epilepsy, *anathe* in, 395; —, *sodium nitrite* in, 275
Epistaxis, hot water in, 276
Ergot, paralytic effects of, 281
Equisetum in enuresis, 85
Eruption, case of, 240
Erysipelas, *white lead* in, 275
Euphrasia, action on eye of, 113
Exophthalmic goitre, *duboisia* in, 273, 401; —, *nitrite of amygd.* in, 98
Eye, action of drugs on the, by HUGHES, 9, 113, 209
Family practice, 189
FOSTER, address by, 87
Fuchsin in nephritis, 282
Fungi, pathogenetic effects of, *App.*, 2
Fungus hæmatodes, *nitric acid* in, 393
Gallstones, case of, 244
Gangrene, senile, *dry earth* in, 76
Gelsemium, action on eye of, 115; —, by the Hughes Medical Club, 260; —, poisoning by, 280
Glandular enlargements, case of, 241
Gleet, case of, 228
Glycerine in unguents, 275; —, internal use of, 409
Goitre, case of, 224
GOULLON, Dr., death of, 319
Gnaphalium in sciatica, 385
Gynæcology, homœopathy in, by SKINNER, 258

- Hæmatocele, intra-peritoneal, JOUSSER on, 377
Hahnemann Materia Medica, the, 3
 HANSON, Dr. C., death of, 318
 Hay fever, *sticta* and *sanguinaria* in, 386
 HAYWARD, provings of *crotalus* by, 26 ; —, cases of scarlatina maligna cured by *crotalus*, 246
 Headache, case of, 239 ; —, chronic nervous, *zincum* in, 100
 Heart, valvular disease of, case of, 226
 HELMUTH, supra-pubic lithotomy by, 189
Hepar sulphuris, action on eye of, 117 ; —, effects of, 410
Hippuric acid, therapeutic cases of, 162
 HUBER, Dr., death of, 318
 HUGHES, the action of drugs on the eye, by, 9, 113, 209 ; —, on the revision of the *Materia Medica*, 301
 Hughes Medical Club, *gelsemium* by the, 260
Hydrocotyle in lupus exedens, 85
 Hydrophobia, *pilocarpin* in, 274
Hyoxyamine, 274
Hypericum in tic douloureux, 385

Ichthyol, 404
Index-Catalogue of Library of Surgeon-General's Office, U.S., 193
 Intemperance, effects of, case of, 234
 Iodine-painting in smallpox, 274
Iodoform in fissure of anus, 4 3 ; —, odour of, 403
Ipecacuanha, action on eye of, 118
 Iris, medicines that act on, 220
 Isopathists, 379

Jaborandi in cataract, 201 ; — in salivation of pregnancy, 100
Jamaica dogwood, 406
Javelle, eau de, poisoning by, 200
Jequirity, effects on eye of, 280
 JONES on the divisibility of matter, 78
 JOUSSER on intra-peritoneal hæmatocele, 377

Kairin, 408
Kali bichrom., action on eye of, 119 ; — in recurrent neuralgia, 383
Kali hydriodicum, proving of, 394
Kali mur. in phthisis, 60
 Keratitis, treatment of, 379
 Kidney, contracted, *plumbum* in, 396
Koronico, 406

Laburnum, poisoning by, 293, 412

Lachesis in heart affection, 95
Lactic acid, therapeutic uses of, 183
Lappa major in prolapsus uteri, 384
Lead, white, in erysipelas, 275
 Lens, medicines that act on the, 221
Leucin, therapeutic uses of, 177
 Leucorrhœa, *ova tosta* in, 396
Lilium tig., action on eye of, 120
 Lithæmia, remedies for, 386
Lithium lact., in rheumatism, 381
 Lupus exedens, *hydrocotyle* in, 85
Lycopodium, microscopic examination of triturations of, 384 ; — in chronic diarrhœa, 381
 Lympho-sarcoma, *arsen.* in, 397

Malandrinum in smallpox, 75
Manganese in amenorrhœa, 272
Materia Medica, DRYSDALE on perfecting the, 1 ; —, revision of, by HUGHES, 301
 Melbourne Homœopathic Hospital, 423
 Menses, delaying, *sanguinaria* in, 388
Mercurius, action on eye, 121 ; —, relation of, to iritis ; 122
Merc. cyan. in diphtheria, 342
Mercurius vir. in retinitis, 98
 Metrorrhagia, *sanguinaria* in, 390
 Microbes not the cause of disease, 313
 Microbiana, 309
 Modest merit, 207
Mucin, therapeutic uses of, 167
 MURRELL on *nitro-glycerine* in angina pectoris, 250
 Muscles of the eye, medicines that act on, 221

Naja in angina pectoris, 93 ; — in heart affection, 93
Nepalin, pathogenetic effects of, 285
 Nephritis, *fuchsine* in, 282
 Nerves of the eye, medicines that act on the, 221
 Nervous disease, case of, 229
Neurin, therapeutic uses of, 170
Nitrite of sodium in epilepsy, 275 ; — in angina pectoris, 294
Nitro-glycerine in angina pectoris, Murrell on, 250 ; —, pathogenetic effects of, 251, 276
 Obstetrics, Richardson's, 206
Oenanthe in epilepsy, 395 ; —, poisoning by, 29
 Opium habit, *avena sativa* in, 385
 Optic nerve, atrophy of, by KEES-MAECKER, 263
Orts by GEORGE MACDONALD, 46
 Otagia, *atropia* in, 402
 Otitis, *boracic acid* in, 387

- Ova testis* in leucorrhœa, 396
Oxygenated water destructive of microbes, 276
- Paraldehyde*, 408
Paralysis, magnet in, 399
Pathogenetic Record, by BERRIDGE, App. 1
Pennsylvania, Transactions of Hom. Med. Soc. of, 191
Pharmaceutics, a defence of HAHNE-MANN'S, 131
Pharmacopœia, British Homœopathic, 186; —, erratum in, 314; —, *American Homœopathic*, 62, 205
Phosphorus, action on eye of, 125; —, poisoning by, 196, 292
Phthisis, BAIGHAM on, 47
Physostigma, action on eye of, 126
Picric acid, erythræmalysis caused by, 75
Picrotoxin, effects of, 278
PIFFARD and MORROW'S Journal of Cutaneous and Venereal Diseases, 62
Pilocarpin in cataract, 201; — in night sweats of phthisis, 202; — in hydrophobia, 274
Placenta prævia, treatment of, 393
Plumbum, action on eye of, 129; — in albuminuria, 393; — in contracted kidney, 396
PROCTOR on the preparation of *carbo*, 151
Prosopalgia, aconitine in, 264—267; — *copper* in, 272
Pruritus ani, quinine in, 275
Pruritus vulvæ, glycerine in, 86
Psoriasis, borax in, 387; —, *ars.* in, 229; —, *chrysoph. acid* in, 275
Pulsatilla, action on eye of, 129
Pulse, BRAMWELL'S *Students' Guide to the Examination of the*, 263
- Quinine* in *pruritus ani*, 275; — in *ague*, 383
- Regular medicine, wanted, the rule, 203
Retina, medicines that act on, 221
Retinitis, merc. viv. in, 98
Rheumatism, aconitine in, 269, 270; —, *lithium lact.* in, 381
Rhus, action on eye of, 209
RICHARDSON'S Obstetrics, 206
Ringworm, tellur. in, 237
RUSSELL'S History of Heroes of Medicine, 46
Ruta, action on eye of, 211
Salicylate of soda, action of, on heart, 282
- Sanguinaria* in delaying menses, 388; —, *metrorrhagia*, in, 390
Sanguinarine, nitrate of, in post nasal catarrh, 77
Santonine, action on eye of, 212; —, mode of administering, 273; —, poisoning by, 284, 299
Scarlatina, bell. prophylactic of, 274; —, infection, CLARKE on, 140; —, *maligna, crocatus* in, 246
Sclera, medicines that act on, 220
Silica in ulcer of rectum, 94
Silver, nitrate of, poisoning by, 107
SKINNER on homœopathy in gynecology, 258; —, wonder-cures, 76
Smallpox, carbolic acid in, 395; —, *iodine-painting* in, 274
Spigelia, action in eye of, 214
Staphisagria in constipation, 93
Strychnia, action in eye of, 214
Sulphur, action in eye of, 216
Supra-pubic lithotomy, by HELMUTH, 189
Symphoricarpus racemosus in vomiting of pregnancy, 380
Syzygium in diabetes, 275
- Tapeworm expelled by *santonin*, 387
Tasmania, homœopathy in, 205
Tetanus, traumatic, cure of, 393
Tic douloureux, hypericum in, 385
Tincture triturations, 314
Tobacco amaurosis, 102
Typhoid, ver. vir. in, 402
- Ulcer of rectum, *sihc.* in, 94
Ulcers, EASTMAN on the treatment of, 79
Urea, therapeutic use of, 154
Urinary organs, catarrh of, arbutin in, 405
Urticaria from eating rabbit, 203
Uterus, prolapsus of, lappa in, 384
- Vaccine eruption in a baby, 392
Vaginismus, electricity in, 94
Veratrum vir. in acute diseases of the fundus oculi, 76; —, *typhoid*, in, 402
Verdigris, poisoning by, 104
VIRCHOW in a scrape, 420
Vivisection, TAIT, OWEN, and ADAMS on, 35
Vomiting of pregnancy, symphoricarpus in, 380
- WAKEFIELD on cholera, 375
WALKER on cholera, 376
Xanthin, therapeutic uses of, 159
Zincum in chronic nervous headaches, 100



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